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**Santon Gilmour.* (1937) *Tubercle, vol. 19, p. 105.*

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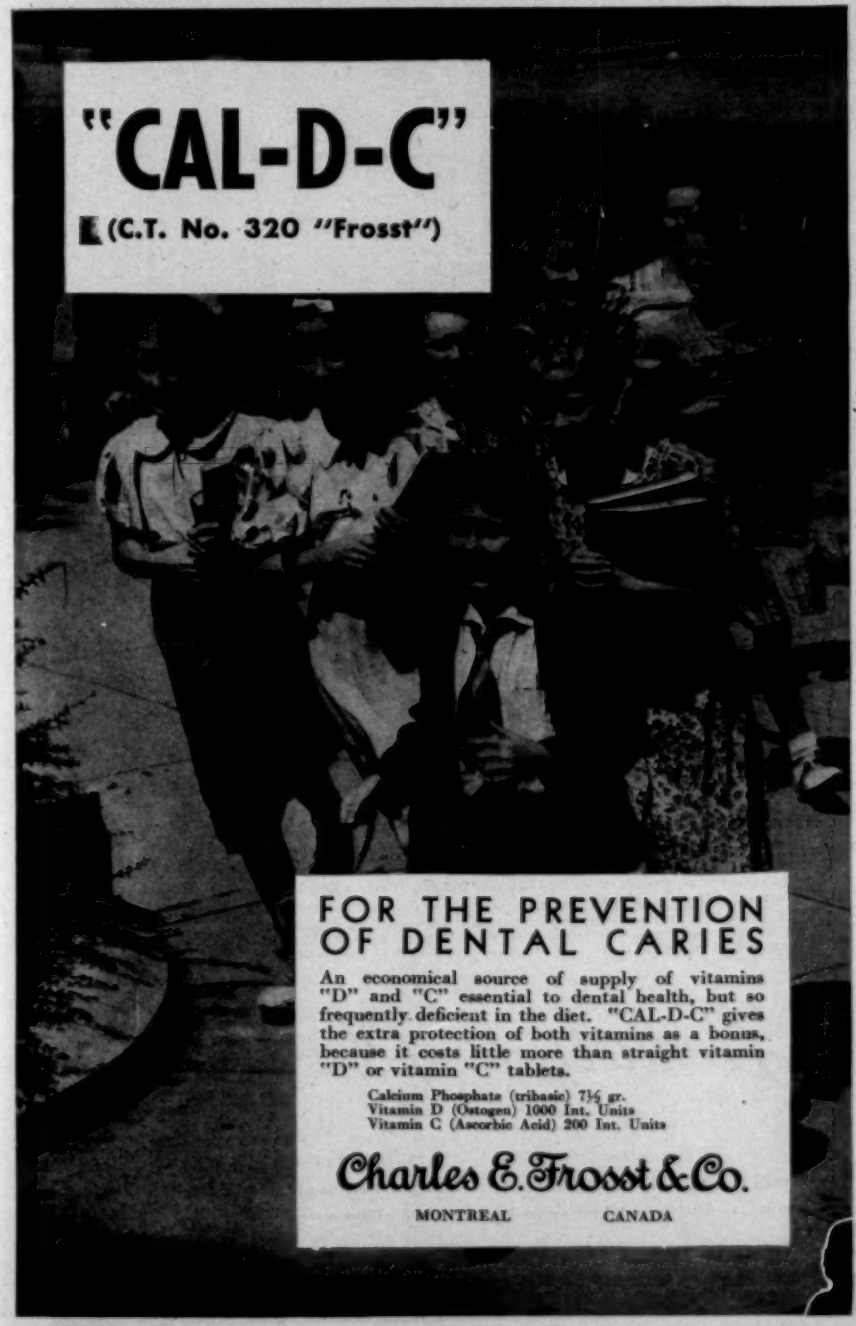
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1. WHIPPLE, G.H., F.S. ROBSCHEIT-ROBBINS and G. B. WALDEN. Blood regeneration in severe anemia. XXI. A liver fraction potent in anemia due to hemorrhage, Am. J. Med. Sc. 179:628-643 (May) 1930.

2. MOORE, C.V., Iron and the essential trace elements in Wohl, M.G. Dietotherapy, Philadelphia and London, W. B. Saunders Co., 1945 pp. 98-107.

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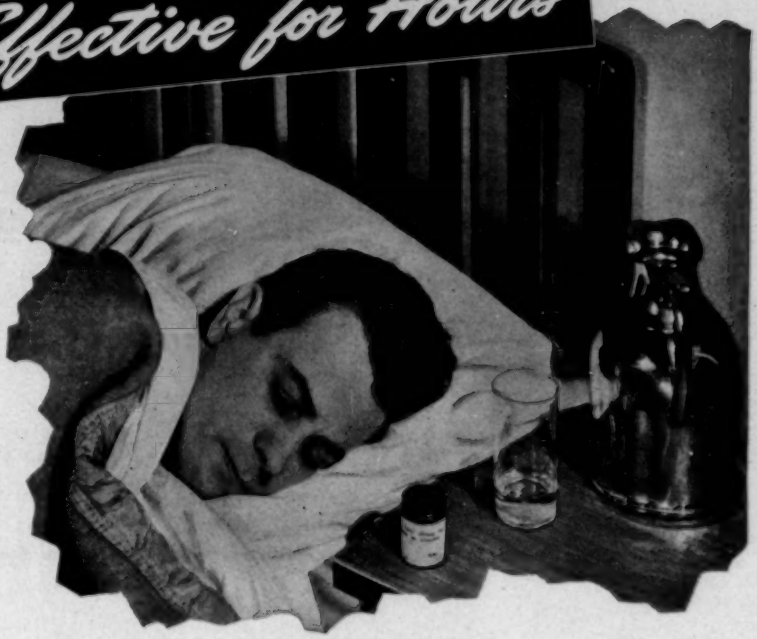

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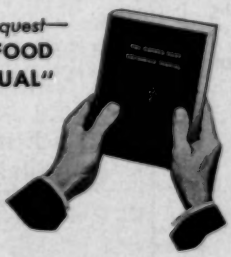

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CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-TWO *NUMBER NINE*

MONTREAL, SEPTEMBER, 1946

Broadening our Understanding

DURING the days immediately following the twenty-third biennial convention, when the *Journal* office was buzzing with the preparation of the various addresses and reports for the September issue, it seemed a good time to go back through the years and to read the reports of some of the earlier conventions. In 1915, for instance, the verbatim stenographic report of all the discussion that took place was printed. We got several chuckles from items there. In 1916, the first year that *The Canadian Nurse* was the actual property of the Association, the reports of the committees were relatively very short—in fact, there were many fewer committees than we have today, only eleven, to be exact.

One of the statements which was made by Mrs. Brown, the president, is still very applicable to our nursing scene and possibly could be given as the justification for devoting one whole issue to convention reports. Mrs. Brown said, at one point, "One nurse only understands what is going on in her own portion of the nursing world." This isolation of nurses in their own small parts of Canada is not as pronounced as it was thirty years ago. Provincial associations have encouraged the breaking down of this insularity through the formation of district and chapter associations where the smallest unit of the nursing group can have access to all of the latest information of current happenings. Provincial bulletins carry news to the most remote members. *The Canadian Nurse* is reaching out with a larger and larger circulation to keep the nurses of Canada informed. This broadening of our understanding is dependent upon a very complete analysis of all of the factors which make up the nursing world of today.

So here is the convention issue. It is a fairly complete picture of the addresses that were given and of the reports that were adopted. It does not contain the detailed, stenographic report of all of the discussion that took place. That was recorded and will be filed at our National Office for future

reference. Perhaps one of the things that made this 1946 convention outstanding was that all of the committee reports were printed beforehand in a small volume and were given to each member as she registered. Thus the tedious business of having to read every report was obviated. Moreover, because everyone was able to read them for herself rather than just hear them, all of the details of the reports were better comprehended. There was ample time for discussion. There were microphones over which the speakers could make themselves heard. Your representatives spoke for you and the interest was keen.

What should you do now with this September number? There is one very important *don't*. Don't glance over it and say under your breath, "A lot of dry, old reports!" For they are not dry—not one of them. They are the texture of nursing history in the making. So don't chuck your copy away unread. What comments would *you* have made had you been at the convention?

Probably the most effective use that could be made of this whole convention picture would be for each chapter, each graduate nurses' association, each alumnae association to have a regular convention session of its own. Your delegates will be giving you their account of the whole proceedings. The story of the convention in the August issue gives you the setting. The implementation of many of the reports is dependent upon your interest in your own small community. Let us refute for all time the statement made thirty years ago. Let us aim to have as our slogan in 1946, "Every nurse understands what is going on in every portion of the Canadian nursing world." —M.E.K.

The Presidential Address

IN OPENING the twenty-third biennial meeting of the Canadian Nurses Association, may I first say how much I have enjoyed the two years as your president. It has been a stimulating experience and a liberal education, and as such I would recommend it to all of you. But the presidency is no mere honor, requiring as it does time and thought which it sometimes seems impossible to give.

At this our first meeting since the end of the war, I would like to welcome back our members who have been overseas and to say that we are not forgetful of those who are still abroad with the forces and with UNRRA. We are proud of their record and expect them to contribute much to the profession the next few years.

As you know, the C.N.A. began in a small way in 1907 as the Canadian Society of Superintendents of Training Schools and from that, in 1908, the Canadian Nurses Association was organized as a matter of professional and national pride in order to be accepted into membership of the International Council of Nurses where the C.N.A. took its place in 1909. Thus early we broadened our interests and are now one of the influential members of the I.C.N.

The worth of any organization and its future possibilities are shown in its past thinking and accomplishments. In reading the history of the Canadian Nurses Association one is impressed by the wisdom and foresight of our predecessors and by their constant emphasis on the public good as well as on the welfare of their members. Headway has been made in many things while in others we are still searching for the best solution. Several times a resolution re-appears as, for instance, "that the C.N.A. be incor-

porated", "that the 48-hour week be established." Condemning of overwork appears frequently. Anxiety is expressed more than once that the number of desirable candidates is decreasing and that something should be done to encourage recruiting. As one reads, one thinks at times of the story of the girl at a revival meeting. Emotion was running high when the clergyman asked for "sinners who wanted to get religion to rise." The girl stood up but her mother pulled her skirt saying, "Sit down! What did you do with the religion you got last year?"

Perhaps some one should ask us what we have done with resolutions of former years. Yet much progress has been made and it is well for us that some resolutions were left at rest. For instance, in 1917, the following were passed:

> That each provincial association be asked to appoint a strong committee to interview the government of the province stating:
>
> (a) That the C.N.A. considers the introduction of midwives into the sparsely settled districts inadequate to meet the needs of the people.
>
> and
>
> (b) That the nurses of Canada are willing to supply these needs if the government will supply hospitals in the needy districts and will assure a living wage for the nurses.

It might have been possible then but what would we do with it now? And this, in 1918, shows foresight:

> That the Executive Committee appoint a committee to consider a suitable plan for a national nursing service for Canada.

And in 1919 (twenty-seven years ago): "That the C.N.A. approves the principle of training attendants provided the public is properly safeguarded." And later, regarding these workers: "That her status be defined by provincial legislation and that she be employed and controlled through local nursing organizations; that the course be six months and that training centres be established in institutions not conducting schools of nursing." The same year we have a resolution that "as many of the nurses returning from overseas feel the need of post-graduate experience to fit them for future work, the government be approached for help in establishing short courses in public health to meet the national need for nurses prepared to teach public health." And, also, "that the co-operation of the Canadian Red Cross be solicited in granting scholarships and in interesting universities in establishing intensive courses."

In 1922 we have the following interesting resolution from the private duty section: "Whereas there is a growing criticism of the present-day nurse, be it resolved that the section request the general body to appoint a committee to make a careful inquiry into the cause for the criticism." Thus does history repeat itself.

Today we have the same problems only multiplied and more complicated and far-reaching. Never has so much attention been focused on nursing and nurses. That is all to the good, establishing as it does our national value. The demand for nursing service is greater than before or at any time during the last war. The growth of hospitals and public health nursing, the desire of the public for a wider distribution of nursing care and preventive teaching, and at a lower cost, create a situation which it is not possible to meet with existing methods. As medical science advances medical practice leans more heavily on nursing. Medical research and modern treatment require more nursing time and better prepared nurses. We cannot keep up with the demands and there is no unemployment facing nurses at present. New developments in nursing service and nursing education are being explored to help meet the situation.

What kind of nurses do we need? Evidently many kinds; certainly not all with the same type of preparation, but all should be good at their own type of work. How should they be prepared? What methods should be used to maintain and improve standards of work? *Just what is the nurse's work?* How will nursing service be

supplied to less attractive places and at undesirable hours of the day and week? If the existing method of preparing nurses is inadequate and, as many claim, out-of-date, what is the solution? Public *interest* centres on nursing service, not on nursing education, the public not yet realizing that the one is influenced by the other. Public *opinion* depends not so much on diplomas and degrees as on what each of us does in our effort to meet the need and where is exists. All this will be discussed at this meeting and it is hoped something worthwhile set in motion. Meanwhile the following facts are confronting us:

1. There is much unrest among nurses.

2. There is much unrest among the employers of nurses.

3. There is a definite campaign in the press focusing attention on the shortage of nurses in hospitals. Other staff shortages are glossed over.

4. There are insufficient graduates to meet public needs of any kind. Special hospitals and hospitals without schools of nursing claim that they are forced to close wards.

5. Many schools of nursing have insufficient students enrolled.

6. A relatively large percentage of graduates do not wish to continue at bedside nursing. This I think is not a new attitude but is more noticeable because of the diversified fields nurses now may enter.

7. Nurses are urging the establishment of pensions. Pension schemes for nurses in operation do not allow for transfer of place of employment.

8. Many general staff and private duty nurses now take the summer off. This *is* a new attitude and not an admirable one in view of the existing shortage and has already brought on us much adverse criticism especially from the people in other walks of life who accept the routine holidays. It appears that although we claim that the welfare of the public, the hospital, and the medical professions is dependent on nurses, we shut our eyes to what is equally true that the welfare of nurses depends on these three groups.

So these problems are not ours alone to deal with. Much greater mutual understanding is evidently needed. Your executive has had this much in mind and a start has been made by setting up a joint committee of the Canadian Nurses Association and the Canadian Hospital Council. Similar committees have been set up in some of the provinces. Questions of shortages, conditions and hours of work will be discussed; reasons for unrest and frequent change of personnel. Many wonder at the long working hours in hospitals as compared with public health nursing and to many nurses the shorter hours and free week-ends, which the public health nurse enjoys, seem to place her in a preferred position. And they wonder why civic authorities financing both a hospital and a public health nursing service from public funds should allow such an unbalance of hours to continue. If the shorter week is right in the public health field it is equally so in the hospital field.

Other countries are working on the same problems. In England, where they have made a survey of the age-group who would be entering nursing, it has been found that there are not enough young women graduating from school to fill the ranks of teaching, nursing, social work, dietetics, and other professions. Probably the same situation exists in Canada. There are just as many students entering nursing here but the number needed has greatly multiplied. They have also experimented in England with the assistant nurse and, although not satisfied with their present plan, feel that the assistant nurse, with less education and a much shorter and simpler course of training, will have a definite place in their nursing set-up.

In the United States, the role of the practical nurse has been accepted and the National Nursing Planning Committee has included her in their post-war program. Much pertinent information, too, has appeared in *The American Journal of Nursing* in the articles written by Edward Bernays, well-known public relations consultant.

Whatever new ways are decided upon and new methods introduced, it has to be remembered that our employers, be they sick or well, who individually and collectively make up our public, have a right to expect continuing adherence to acceptable attitudes towards work and experience related to the work being done. On the other hand, nurses have a right to a comfortable living with a margin to allow for saving and time to be interested in something besides work and play, this living to be related to preparation and ability as well as cost of living and comparing favorably with the remuneration of less well prepared women.

The work and responsibility of your Executive Committee has increased steadily. The policy of bringing more representatives from the provincial associations to the executive meetings has meant longer meetings, taking these busy women from their work for longer periods, but it has meant much to both the national and the provincial associations and has been a means of harmonizing differing views. Between executive meetings, all possible questions are referred to the provincial associations but questions do sometimes arise which require quick decisions, where delay might be serious. It should, therefore, be accepted that when you elect the officers and appoint the secretaries you have signified your confidence in them and trust their judgment. Many similar organizations have adopted, apparently with satisfactory results, the policy of giving more responsibility to their paid officers and of lessening the demands made on their elected officers. Only so, in my judgment, will it be possible for the C.N.A., with its large and scattered membership, to function satisfactorily in the future. The staff at National Office has done a vast amount of work in the last two years as you will hear from the reports. They are working in your interests. They have a breadth and continuity of knowledge which is essential. The same may be said of the editor of your national nursing journal, *The Canadian Nurse*.

As I have tried to point out, history shows that your association has done good work in the past. Our present membership of over twenty-three thousand members could do much more in the future, if, instead of being willing to go along on the efforts of the few, each one of you were interested and vocal at meetings, thoughtfully and constructively critical. The past records of the national and provincial associations show that they have worked in the interest of both you and the public and these organizations, made up of nurses and understanding nursing, should be the organizations to which Canadian nurses would look for help. In our planning let us not lose sight of the spirit and purpose of nursing. As the president of the University of Saskatchewan said recently in his convocation address at McGill University, "You can serve yourself or you can serve the larger cause of good and take your reward accordingly." The choice is ours.

FANNY MUNROE
President
Canadian Nurses Association

Annual Meeting in Ontario

The annual meeting of the Registered Nurses Association of Ontario will be held at the Royal York Hotel, Toronto, on October 29, 30 and 31, 1946. Many important questions in connection with the work of the association, including a Practice Act, will appear on the agenda for discussion. A panel session has been arranged for the afternoon of October 31 on "The Changing Function of the Private Duty Nurse" and plans are underway for a panel session on the afternoon of October 30 under the heading "Child Welfare." The annual dinner will be on Wednesday, October 30 and the committee hopes to obtain an outstanding speaker for this occasion.

Some Recent Shifts in Humanitarian Feelings

B. K. Sandwell

Nursing is an occupation or trade, by the practice of which it is possible to make a living. As such it is chosen by some persons and refused by others; nobody is compelled to be a nurse, unless by a parent or guardian and, in these days, the compulsive powers of such persons over the adolescents in their charge are so limited that I think we may ignore them. Nor can there be much compulsion in these present days arising out of economic circumstances, like the compulsion which fifty or a hundred years ago caused every young woman of the educated class to become a governess if she could not find a man to make himself responsible for her upkeep. There is now a very wide range of alternative occupations, extending from typewriting to ballet-dancing and atomic research. I think it is pretty safe to assume that any woman who is now a nurse is so because at one time in her life she consciously or unconsciously decided to be one. She may not want to be one now, and she may be continuing to be one merely because it is too late to qualify for another occupation requiring training. Becoming a nurse, or for that matter becoming a ballet-dancer, is something like throwing oneself off a cliff; once you have started you will probably have to go through to the end, because it is too late to go back. But at one time the choice was free; nobody is drafted into nursing.

It is always very difficult to analyze the reasons that lead people to choose a particular occupation. The assumption of the nineteenth century thinkers that Economic Man, and Economic Woman also, always chooses such things for economic reasons, overlooks, as we now know, many other important considerations. The labor market is far from being strictly fluid, especially for the poor. Miners' sons tend to become miners, and marsh hay farmers' sons tend to become marsh hay farmers, because there is nothing else for them to do where they are and no way for them to get money to go somewhere else. I myself after leaving the university made a half-hearted effort to become a school teacher, but I knew well enough that I wanted to become a journalist and speedily became one, not because of the immediate salary, which was two dollars and a half a week, nor because of the ultimate prospects, about which I made no enquiry, but because it was the kind of work I enjoyed doing. It appears possible that similar considerations may actuate a good many of the people who go in for nursing; they go in for nursing because they like nursing. It is not an occupation in which you are likely to make a lot of money unless by the accident of marriage; but many people do not expect, and some, perhaps, do not even want to make a lot of money, and, therefore, the objection that the occupation that they like is not likely to make them rich has little weight. They will ask that it shall provide them with a tolerable living, and beyond that they will not go.

Nurses are nurses, then, largely because they like nursing, but that leaves us still facing the question, why do they like nursing? or what is there about nursing that they like? And here I want to suggest, though it has nothing to do with my main subject, that I believe a very large part of the attraction of nursing for women lies in the helplessness, the incapacity for resistance, the complete malleability of the patient. The instinct to take charge of the helpless is not identical with, but may be closely associated with, the maternal instinct. I have noticed on many occasions how the interest of the

nurse in her patient diminishes as the patient becomes more capable of exerting some degree of will-power; and it is well known that the position of permanent nurse to a permanent invalid—who is nearly always chock-full of will-power—is the least desired among nursing tasks, and has to be paid for at much more than the usual rates.

But one very substantial factor in the drawing power of nursing as an occupation is unquestionably the value that is put upon it by public opinion as a humanitarian service—as something that society is obligated to provide for the sick and helpless. And the growth and development of this sense of obligation is one of the most interesting phases in the history of modern public opinion.

It is necessary to bear in mind that the idea that the relief of suffering is an obligation of Christian morality was slow in leading to any practical and organized activity to that end. At the time when the art of medicine itself was in the most primitive condition, we do not expect organizations and buildings for putting within reach of the poor such services as medicine could render. The exceedingly small number of hospitals in the Christian world prior to 1600, and the total absence of any trained nurses, do not prove that the sick were not nursed, but merely that they were nursed in their own homes and by amateurs—their own servants, relatives, or neighbors. The earliest attempts at organized hospitals were for persons who could not be thus nursed, such as the sufferers from leprosy, whom it was thought necessary to isolate, and for the pilgrims who were on their way to or from Jerusalem or some lesser shrine, and who acquired a special claim on the aid of the charitable because of the devout motive which took them from their homes and friends and made them dependent on strangers in the event of illness.

At the beginning of the seventeenth century, in an era of very rapid broadening of humanitarian effort which must have been due in part to the increasing wealth of the Western European countries, several other classes of beneficiaries were added to those who were already being cared for in their sickness by organized effort. The process of expansion of nursing services began in France, which at that time was, in many respects, the most civilized country of Europe, and was easily the leader in the humanitarian movement. The two best-known efforts to extend aid and comfort in sickness to people, who before 1600 had no such provision made for them, are those originated by St. Vincent de Paul for the galley-slaves of the Mediterranean and for the aborigines of Madagascar and other French possessions.

We can hardly, I think, avoid the conclusion that it was a certain element of picturesqueness in both the galley-slaves and the aborigines which enabled St. Vincent and other promoters of charities to enlist for them so readily the sympathies of many rich and influential aristocrats of Paris and France. But in the case of the aborigines there was also a strong missionary incentive. The era, besides being that of the dawn of humanitarianism, was also that of a tremendous revival of the Christian missionary spirit which had been almost dormant ever since the Christianization of Europe had been completed. A new world had been opened up by the discoveries of the fifteenth and sixteenth centuries, and it had become clear that the assumption on which the earliest explorers, the Spanish and Portuguese, had proceeded, that you could make aboriginal races into Christians by depriving them of all their gold and jewels and baptizing them with the muzzle of a musket at their heads, was inadequate. From 1600 on, for fully half a century, there was a constantly increasing output of new missions, at first under the great missionary brotherhoods of the Roman Catholic Church and, after 1640, also under new Protestant societies. The fact that there was some rivalry between the Catholic nations and the newly-Protestantized nations for the control of the unexploited lands undoubtedly

gave the secular authorities a lively interest in these missions, for by making their own aborigines converts to the right kind of Christianity they could usually make things much more difficult for the military forces of the wrong kind. But this need not lead us to discount the extreme sincerity and devotion of the missionaries themselves and of most of their ordinary supporters.

It is due to this propagandist motive that the earliest hospital in North America, and one of the oldest nursing institutions in the world, the Hotel-Dieu, was founded in Quebec in 1639. Its founders had come, to use the language of their own record, "not only for the sake of ministering to the few French inhabitants, but much more in order to relieve the sufferings of the savages who were subject to great diseases, and had no means of alleviating the miseries with which they were afflicted especially in extreme old age, with the result that those who followed their barbaric old customs were wont to kill the aged to put an end to their ills, believing thus to do them a great service." The missionaries on the spot, the record adds, had urged the establishment of this hospital, "being confident that the charitable works which the savages would see performed in a Hotel-Dieu would help to give them a very high idea of our holy religion, and that this would be a great aid to their conversion." And, indeed, within a year or two of their arrival, the Sisters moved their hospital from Quebec to Sillery, where they were much nearer to the Indians but had no French people around them except the missionary priests. There is practically no mention of any French patients in the early records, but the Sisters were overwhelmed by the great number of Indians stricken by epidemics of smallpox. Their records show that they were, in general, much more concerned about the souls than about the bodies of these unfortunates. "The consolation that we had," says the record, "among so many hardships and labors, which lasted until the end of February, 1640, was that of the great number of savages whom we assisted there was not one who died without baptism, although the smallpox, which was the beginning of their sickness, changed into another disease which affected the throat and carried them off in less than twenty-four hours. Nevertheless they were given sufficient instruction to receive baptism." But the Duchess d'Aiguillon, founder and chief benefactor of this mission, seems to have felt that some of these death-bed conversions might not have been as effective as could be desired, since she wrote, in a letter approving of the location at Sillery, that "doubtless the harvest (in conversions) will be greater, for it seems to me that conversions which take place at the beginning of an illness are more assured than those which take place at the approach of death." There could hardly be a clearer intimation that the tending of the body was regarded solely as a means of saving the soul, and it is this which accounts for the almost total lack of interest which the records of the Hotel-Dieu exhibit in the patients who, being French, were already good Catholics. By degrees, as the Indians killed one another off in their tribal wars and removed farther from the first settlements of the white man, the clientele of the hospital became more and more exclusively European, and in 1664 its benefactor was writing, not without an obvious touch of regret, that "it is only just that the public and the country should contribute to the expense that you are put to for them (and especially the ship captains for the sick whom they send to the hospital), since they would be obliged to nurse and treat them on board or in some Quebec house, if there were no hospital." Thus we have moved, in the space of a single generation, from the conception of a mission hospital, designed to aid in the task of Christianizing the Indians, to that of a service hospital fulfilling an obligation of the local community to its own members. We have arrived in the modern age.

It is "the public and the country," meaning of course the country of

Quebec, to whom the Duchess d'Aiguillon commits the responsibility of maintaining nursing and hospital services for its own people. But it is characteristic of the seventeenth century that it is still the voluntary gifts of the "public" as individuals, rather than any taxes extracted from them by the "country" in the sense of the government, that continued for many years to be the chief source of hospital revenues not only in Canada but in all the western world. The idea that the poor have any *right*, as citizens, to relief and succor such as they cannot themselves pay for in their periods of illness is still far in the future. The rich can acquire merit by providing such succor—at first, merit in the sight of God and the Church, and, later, as the secularization of thought progresses, merit in the sight of the public and the newspapers—but there is no compulsion on them to do so, just as there was no compulsion on the Duchess d'Aiguillon to do anything for the health, and through that, for the souls of the Quebec Indians. The whole of the eighteenth century is a period of almost inconceivable neglect of, and brutality towards, the impoverished classes by the sovereign power, which had come almost wholly under the influence of the propertied classes. The age was not more inhuman than its predecessors, but the rapid economic changes attendant on the Industrial Revolution, and the increase in the scope of the rights of property and the irresponsibility of property-owners, increased the miseries of the poor and added to their numbers, so that the efforts of voluntary charity became more and more inadequate. The effects of this condition were naturally much less noticeable in the New World, where productive land was still to be had for the taking by any enterprising person, than in the countries of Europe. But this, on the other hand, led to a rather too easy belief in America that the sufferings of the poor must be due to their own fault.

As the eighteenth century drew to its end the questions of the obligation of organized society to its underprivileged members became more and more acute and was more and more hotly debated as the moment of the French Revolution drew near. The existing scheme of things found its ultimate defender in the economist, Malthus, with his proposition that the only methods by which population is kept down to the level of subsistence are moral restraint, vice and misery, and that vice and misery on a large scale were the inevitable fate of any society which did not practise moral restraint against the excessive reproduction of the species. This led him to deplore all state relief of suffering due to poverty, as bound to produce more suffering. During a large part of the nineteenth century this idea underlay much of the social policy of English-speaking governments.

The opposite view was put forward at about the same time by Thomas Paine, in his book entitled, "The Rights of Man," which was an argument to the exactly opposite effect—that it was perfectly possible for every human individual to be happy and reasonably prosperous, and that it was the errors of bad and selfish rulers that kept him from being so. Upon this view it obviously becomes the duty of the rulers of the state—who in a democracy are actually the people themselves—to see to it that every citizen is provided, so far as may be, with the means of keeping himself not only fed, clothed, and housed, but also in a proper state of health. This appears to be the view on which the nations of the Western World have tended more and more to act ever since 1800, though they have tended also to stick to the Malthusian idea, or to strive to effect a compromise between the two, by setting up the most unpleasant conditions they could think of for the obtaining of food, shelter, nursing, or any other form of relief by those who could not pay for it, and by seeing that everybody who could pay should do so. We now give free or practically free nursing service to X, Y, and Z, not because they are heathen and we want to save them from dying in

their sins, but because they are poor and we want to save them (a) from dying at all if they can be kept alive, and (b) from constituting a danger to their fellow-citizens if their diseases are not attended to. For we have acquired an additional reason for looking after the health of even the most impecunious individual, through the discovery that the great majority of diseases, if left unattended, ultimately turn into something extremely dangerous to other individuals in the vicinity.

Now there is every reason to suspect that the era of humanitarianism, in the strict sense of a lively concern for the welfare of the individual purely as an individual, may have passed its high point, its noon-time, and be already declining, to give place to an era of concern about society as a whole. If the civilized world is going to continue to be rent asunder by frequent worldwide wars, this is quite inevitable; a nation which is in a state of war or of apprehended war, to use the language of our own Wartime Emergency Powers legislation, cannot afford to bother itself about the good of the individual except in so far as that good subserves the military strength and endurance of the state. We, in Canada, are already vastly less concerned about the individual and his right to self-fulfilment (which is the modern cant term for life, liberty, and the pursuit of happiness) than we were ten years ago. We are to some extent compelled to be so, by the fact that the world is largely occupied by nations to whom the individual, as individual, is nothing, except as he can be used to serve the national ends. Less than fifty years ago we, and the Americans also, joyously welcomed into our country practically everybody who wanted to come and was not suffering from trachoma or pediculosis. We thought it was the duty of any country with plenty of land, to give these people the opportunity to fulfil themselves. In Canada, we even promised some of them that they should never have to fight to defend our and their country. Today we are so obsessed with the idea that some immigrants may possibly not be much inclined to help serve our national ends, that we are not only letting practically nobody come in but are actually throwing some of our own residents and even our own citizens out.

If this tendency continues, you nurses will be among the first to notice a marked change in the entire motivation of your work. You have, of course, long ago lost all sight of the original interest in the immortal souls of your patients; whatever your personal feelings may be, it is no part of your training to get the heathen baptized, whether they are old-style heathen who believe in Manitou or new-style heathen who believe in the revelations of Karl Marx or of Adolf Hitler. But you will find yourselves drifting away also from your old concern about the best interests of your patient, as a man or woman with a life to live and a character to develop, and thinking more and more about the best interests of the state—which may not always be identical with the interests of the patient. And I hope that you will resist any such tendencies with all the force and courage at your command.

For I assure you that the individual, baptized or unbaptized, living a good life or an evil life, is yet a more important thing than any state, even the province of Ontario or the Dominion of Canada. The state exists for man, and not man for the state. The state is good in so far as it serves the interests of the human beings who constitute it, and bad in so far as it does harm to those individuals. In the words of James Russell Lowell's great poem on the capture of the fugitive slaves near Washington, in the days before the war against slavery:

Man is more than constitutions; better rot beneath the sod
Than be true to Church and state while we are doubly false to God.

It is man, not the state, that is made in the image of God.

It is the distinction of the nursing

profession that, more than all other professions, more I think even than the profession of medicine, it has always been devoted to promoting the bodily welfare of the individual human being. If you ever lose sight of that object, if you ever come to put any other object ahead of it, you will be throwing away a position of unique honor and converting yourselves into something that is merely one more in the long list of classes of the various servants and handmaidens of the state, along with such very necessary but not intrinsically lovable persons as tax-collectors, policemen, cabinet ministers, and officers of the provincial liquor commissions. I do not think you will do this very readily. Dealing as your profession requires you to do with the bodies as well as the minds in their definitely weaker moments, it will be difficult for you to forget about the individual and see in him merely citizen No. 12345 of a state which matters greatly while he matters not at all. So perhaps, with your assistance, the new tendency of thought may be kept from going too far in these democratic countries where the citizen's body and mind are still to quite a large extent his own property. Your patient, John Jones, is an immortal soul, even if he is also cancer case No. 23 or inflammatory rheumatism case No. 1058. You may not feel competent to ensure that he shall pass eternity in heaven instead of hell; but it will do no harm to bear in mind that he will pass it somewhere, and so will you, and that long before eternity—which is a very long time—comes to an end, all the states and nations, which today decorate the surface of the world and practise dropping atomic bombs on atolls with a view to dropping them on one another, will have passed into the remotest ages of almost forgotten history.

Nursing Service in Relation to Community Needs

1. General Community Services

BESSIE TOUZEL

WITH a developing trend to specialization in the fields of health and social treatment, we find an ever-greater need to assure full cooperation between agencies and organizations designed each for its more specific service, if the fullest use of each other's skills is to be assured, and if the members of the community are to have that quality of service which the developing agencies together can give. The school nurse constantly requires the aid of the psychiatrist, the family case worker, and the child care agency. The family case worker would be lost without the district health officer, the child health clinic, the family physician, and the school nurse.

The proper and full use of each other is a constant objective of all of these workers in the community, but only in the fullest knowledge of each other's services is this possible. It is required if the work of any one organization is not to be less fruitful than is really possible.

These same practitioners in the field and their board members or members of directing bodies are among the first to recognize gaps in services. For example, the visiting nurses' organization of an Ontario city recognized the limitations on their accomplishments while no adequate provision existed for the hospitalization of people suffering in large numbers from active tuberculosis; while no

venereal disease clinic existed; while there was no skilled social case work agency in the community; and while enforcement of school attendance legislation was poor and very young boys and girls were going into industry and suffering health hazards. That organization took the initiative in proposing such services to that city. It is almost trite to say that modern health and welfare services have "topsied" up from beginnings in philanthropic efforts to meet certain specific needs of dependent or orphaned children, of the destitute sick, or the dependent aged, or the unemployed. The first services developed out of the efforts of certain small groups to meet these needs, which were pretty obvious to the uninitiated and which, in the way in which they were met, often left serious causative conditions untouched. With the development of large cities and towns came the realization that any physically or socially ill persons were a challenge to the health of the whole community. With the development of citizen understanding and representation came the public responsibility for certain of these services. Public responsibility has extended as public demand for such services has increased. The developing labor movement has heightened the awareness of government to the broad public support which exists for a policy of provision of many of these services.

Many of us working in the social planning and educational field become convinced with experience that our earlier concepts of the need of public education were distorted. We are constantly aware of the readiness of broad groups to support proposed programs. It is somewhat smug, it seems to us, to assume that the average man in the street needs a great deal of convincing and persuasion to support a proposed development of services towards tuberculosis control, venereal disease control, adequate hospitalization, provision of medical services and, indeed, many others. He, out of his own experience, has felt the need of these services. He only requires our help in the technique and in suggestions and methods of organization. We have not much which has to be sold if we align ourselves with him and his needs as the basic constituency for developing public services.

In the whole process of provision of service, there has been too little effort to see all needs and their relationship one to the other. That was only natural and reflected a stage in growth, a stage in developing awareness of need and a readiness to pay for these services. However, that recognition has been having ever-increasing expression in these more recent years and social planning of all sorts is reported in every issue of the press; advisory committees to unemployment insurance commissions, citizens' housing and planning organizations, municipal, provincial, and federal postwar planning bodies, business organizational planning committees, etc. In the health and welfare field, we were doing this more seriously, and I might claim more effectively, than many a few years ago. But we also are only really beginning. In the welfare planning field, we refer to this aspect of our job as inter-group work. We bring representatives of various groups or organizations together to work out inter-group or inter-organizational problems; to see the community as a whole; to know its needs; provide services to meet these needs; to prevent gaps in services, and to serve as a common vehicle for certain programs carried out more effectively together than separately. This includes representatives of a broad citizenry, not just of technical personnel. In the process of study of need, services, and gaps in these services, many people gain that real and vital understanding which provides the dynamics for filling the gaps.

Might I provide an illustration? In 1939 and 1940, the unmet need in day-care service for children whose mothers went to work became evident in the waiting lists for the few nurseries which existed, in the representations of employers and of some

community-minded citizens. A representative inter-agency community committee undertook to consider the problem. As a part of their consideration, they made an exhaustive study of a large sample of that waiting-list representing unmet needs. They considered, for a period, the erection of some emergency service but, as they studied the data which came to them, it became evident that this need had existed and would exist in larger degree than the services to meet it in the postwar period. They recognized, also, the value of the provision of nursery schools as an educational service. Out of broad study they made representation for public assistance to meet this need. A wartime program was set up under special wartime provision. The administration of that service added to community understanding and community representation for the continuation of the service. In the committee which made the original study were representatives of eight day-nurseries, of the city's health department, of family welfare agencies, of child care agencies, of the board of education, of leisure-time services of the city, along with lay people and representatives of the parent-education and child training fields. By the end of the original study, there were thirty or more people, lay and professional, convinced of the urgent need for the service and of the importance of educational campaigns to develop public understanding of this need. A broad educational campaign was launched, covering all groups in the community. By the end of a six-month period, every candidate for election was aware of the importance of the question. A desired program became "good politics." By the end of three years of demonstration of the service, there were thousands of friends and mothers, and others who had previously been doubters, clamoring for the continuation of the service.

In the planning council, we became aware that the needs of the community are constantly changing. Just as nothing in human relations is static, nothing is static for the institutions that serve people. Particularly is this true of those who serve where epidemics, unemployment, and war turn life topsy-turvy. But even in less dramatic circumstances, the relative importance of particular services is subject to change. A few years ago, the main concern to public health officials, and to those who raise public monies in major quantities, was the fight against diphtheria. Perhaps today, first in money and manpower expenditure, should be the fight for venereal disease control. Maybe, tomorrow, the educational and demonstration services in the nutrition field will be most prominent. Two years ago, in our community, we felt that a number one priority must be given to prenatal education. It should have had more attention earlier. The wartime marriage rate brought a high proportion of first babies. Of the 1944 infant deaths occurring in one year, over 53 per cent occurred in the first month of life. This fact suggested that more time and more money should be spent in helping young and new mothers, particularly, to meet these situations. The committee was also influenced by the findings of the Ebbs study which indicated that proper nutrition in the prenatal period could definitely affect and reduce problems at birth and in the early months of the baby's life. Four agencies, carrying some responsibility in this field, including one agency interested particularly in nutrition, united in one planning committee toward the better use of their resources in personnel, and to plan for continuing classes organized throughout the entire city for prenatal education.

The increasing needs of the aged in the community represents another change requiring re-planning. Our country has seen a great increase in the proportion of older people. A falling birthrate, decreased immigration of young people raising families, and the extension of life expectancy because of improved medical services has brought about an increase of two, three, or four times the number of people over sixty years of age since

the beginning of the century. This enlarging group has not received the attention of health and welfare services it merits. General hospitals complain of many beds in use by older people who do not require this kind of hospitalization. These institutions have many of them because retirement allowances are inadequate to provide care in homes or proper rooming-house arrangements. Special nursing services for their chronic ills are inadequate—social and psychological services almost non-existent. Special employment services are needed and, to some degree, sheltered work should be arranged.

The postwar period presents the need for extended family counselling to aid families suffering under unusual pressures. Housing, at this time, becomes, for health and welfare personnel, an absolutely first concern. None of us can operate with a fraction of efficiency where housing is inadequate. The provision of 94,000 housing units is needed in our metropolitan area now, and in the coming ten years. This need, and the response to proposed public housing programs, makes this a question which no small group can influence alone. All of us in joint plans for educational and social action may be able to influence the situation. We may be able to make this question of housing "good politics." Even the fine blue-print presented by the Federal Government to the Dominion-Provincial Conference on Social Security was weak, to say the least, when it reported on suggestions for plans to meet this problem.

New discoveries will change plans for service. For example, in the area of cancer treatment, we may receive findings regarding treatment which will place this care among urgent health services where it belongs when considered in its devastating effects.

Developments in the psychiatric skills have put the question to planners in health and welfare fields—how can these important skills for helping people be developed? A whole new pressure is in this challenging area, of physical-psychological illness, where we have to pool psychological and physical diagnoses and treatment. Beginnings suggest what may be the potential for human health when more definite knowledge is available, and when new community organization will be required, perhaps, in hospitals, schools, courts, and industry.

The training of new personnel comes up early in any planning program. In the development of day-care services previously described, the training of personnel paralleled the planning for the nurseries in the faith that the program would come. This training of personnel in anticipation of a program was, in my experience, unique. The success of that program was largely due to the quality of personnel available. The readiness of governmental departments to use the best qualified personnel is perhaps an indication that if such qualified people were always available, we might have less difficulty in properly manning services. You nurses know how important is the question of good personnel in any developing program, how necessary it is to foresee our needs if we are not to establish second-rate services. Sometimes it requires slowing up of a program while, by scholarships and special selection of personnel, more adequate training is secured to meet current or coming needs.

The movement of population will also completely disturb original need, and will require re-planning to meet current needs. A district of a large city which, from 1926 to 1928, was reasonably well-defined with a population of 42,000 people, is no longer a district in terms of any health or welfare program. Half of the geographical area has become commercial or manufacturing. The remainder has been absorbed in re-planning into other districts, and offices of agencies, settlements, houses, and churches have, in most cases, moved to new locations where re-settled people require them.

There is the changing need brought about by increased public understanding, that is, the need for trans-

ferral of certain well-understood and appreciated services to public from private financing. In relation to this question, we need a constant rethinking of functions of public and private services and a clearer understanding of the possibilities for adequate services in either field. Sometimes we, who have our noses to the grindstone, are slower to appreciate public readiness for responsibility in financing than we should be. Many politicians are unreasonably cautious in this regard. Tradition dies hard and there is often a tendency to carry on under private auspices, services which could become public and which, by becoming public, would free for further experimentation work that could use private funds. This charge applies more properly in Canada to social work personnel than to health workers. Your fine history of public development, with relatively good standards, places you well in the forefront on this question. As you participate in joint planning for health and social programs, you could perhaps put the finger on social work weaknesses more often than you do. We develop vested interest in the services we create. I do not mean this unkindly—in those things which we build or make, we have invested ourselves and, as we go along, we tend to "protect" them against change. We come to feel comfortable with them and want them to stay as they are. This is another reason why participation in central planning organizations is valuable. We see ourselves, if you like, as others see us, but also in a broad outgoing development. We are more likely to maintain growth in our own field.

Within the confines of the nursing field itself seeing the job whole becomes necessary. When each of you entered your training schools, you were dedicated to the cause of treating and preventing illness. It is to this that you, as a group, are still dedicated. Whether you work on special duty, with an individual sick person, on a hospital ward or administration staff, in out-patient or social service department, in school, in industry, in the community health field or visiting nursing field, that is your total objective. Each of you has an interest in other aspects of nursing than the one in which you operate. That objective of total service can be frustrated and your efforts actually wasted, at least in part, if the total job is not covered. For example, the visiting nurse, without hospital beds sufficient to meet the needs of active tuberculosis patients, or the school nurse without orthopedic clinics, or the private duty nurse without hospital beds and hospital equipment adequate to her needs is less able to do her own specific job. Perhaps the development of certain fields at undue expense to others is wasteful. I cannot say what are prior needs in your field. Only a representative group of yourselves could answer such a question. I am inclined to think that one answer to the current situation is in more and more nurses and the challenge—the getting of the wherewithal to train them. The attitude of the war period, to train nurses in greater and greater numbers, is the one which we should maintain to meet the peace-time needs for extended health services.

To see the total need of all kinds of sick people and well people for nursing services, to plan for these needs, to relate services one to the other, so as to get full value from each other's services to the benefit of the individual citizen, and to relate these to other cultural and social services, and adequately man them is the demand of this period. The people who man them must be trained in the best skill with the same devotion which the pioneers have shown. Then the sick will be the measure of our failure in the health and welfare fields.

Silence is not always tact, and it is that that is golden—not silence.

—SAMUEL BUTLER

2. Public Responsibility for Community Nursing Services

G. D. W. Cameron, M.D.

May I begin by thanking you for your invitation to take part in this panel discussion. I regard it as a very important opportunity to broaden my education; to learn something about the thinking and planning that the nurses are doing.

I venture to say that even you people don't know, can't appreciate, how important your contribution is to human welfare and happiness. Great advances have been made in medical science—every layman knows that. There is no need to particularize, but so far as I know there is no change in the quality of nursing, nor in the healing effects of good nursing. Another point to be noted—a large part of modern public health work as it applies directly to the family of the individual is effected by the public health nurse. You know better than I do how this is done. It seems to me that the power of the nurse lies in the fact that she gains direct access to the real boss of the house—the mother.

When I received this invitation I immediately plunged into a survey of the literature and found what I might have expected—that any small idea which I had been christening as my very own had already been extensively considered by the nurses.

It seems to me that in approaching this problem of public responsibility for community nursing services, we should stand off a bit and attempt to get a glimpse of the whole picture. What are the community needs? (1) *Prevention*—Public health nurses can make any immunization campaign a success. They also have a part to play in the search for contacts. (2) *Care of the sick and dependents*—This is a very complicated problem and one deserving of a tremendous amount of study on your part. Very few people can afford private duty nurses. I don't think that can be debated. Also it is true that only a fraction of the sick people can be or should be hospitalized. Hospitals are becoming more and more active treatment and diagnostic centres. Surgeons are becoming more adept in turning people out of hospital within a few days of operation, aided by the newer techniques of anesthesia, etc. The result of all this is a great need for skilled nursing in a great many houses scattered throughout every community. What to do about it?

First of all, what sort of persons are needed to look after sick people at home? It would, of course, be very nice if every sick person could have the full attention of a trained nurse. There is no need to labor the difficulties of providing this. It can't be done. Two courses are open—the provision of part-time care by a trained nurse. This is the V.O.N. scheme, and how magnificently they have demonstrated its value. The second course is to provide persons between trained nurses and domestic help—nurses' aides. Probably any well-rounded scheme of the future will embrace both the visiting nurse and nurse's aide or practical nurse.

You are all familiar with the Manitoba Bill providing for the training, examination, licensing, and regulation of practical nurses. Also you will find in the British Health Insurance Bill provision for home nursing to domestic service where needed. Canadian thinking has not lagged in this regard.

There is plenty of evidence that the C.N.A. has given a good deal of thought to the problem of supplementing the graduate nurse's efforts with trained nurses' aides. I believe that is sound thinking. The report of the committee on subsidiary nursing groups of the C.N.A. is a very interesting document. May I offer one suggestion for further study—isn't it possible that you may be setting your sights too high in the training you propose for this group? Isn't it possible to envisage more on-the-job

training and less in the classroom? As I understand it, they are to do what they are told by a trained nurse, not to supplant her. The trained nurse is called that because of her powers of observation and judgment. The aide is there to do the part of the job which any clean, neat, and reasonably careful person can do. There is often the family to care for. What about the children in the home? Let us agree on a few points:

1. Community public health work is absolutely dependent on nurses.
2. Hospitals are active treatment and diagnostic centres which are compelled to turn people out as quickly as circumstances will permit. Many require continued nursing care.
3. A large proportion of the sick are not hospitalized. This proportion may be reduced, but will very probably remain substantial.
4. Home nursing and home care will always remain an important element in the care of the sick.
5. Only a small proportion of those ill at home require the full attention of a trained nurse.
6. Much of the work of looking after them can be done quite efficiently by less highly trained personnel.

If these points are accepted, then where does the community come into the picture? The answer depends on whether you incline toward a socialistic point of view or toward the voluntary agency supported by public subscription. It is interesting to note, however, that the idea is steadily gaining ground that some sort of organized agency is necessary if proper facilities are to be made available. The V.O.N. has amply demonstrated what can be done. Possibly other schemes will emerge. We live in a time of tremendous upheaval, social as well as economic. Great attention should be paid to the developments in Great Britain. Not only is there a seething of ideas in regard to the nursing profession, but also in regard to the medical profession. One distinguished physician is of the opinion that the only hope of coping with the increasing complexity of medical practice, with all its specialties, is in the establishing of health centres, properly equipped for the practice of good medicine by the staff. He can see no other possible way for the modern graduate to apply the knowledge and skill he has learned at medical school. Maybe the future of nursing is tied up in some such development. Maybe nurses and their aides should look forward to grouping at health centres. Maybe municipal health departments should maintain the staffs of home nurses and aides. Who can say how events will shape themselves? At any rate, it is going to be a grand experience to observe and take part in the developments of the years ahead.

May I close by congratulating you upon the active interest you are taking in the study of nursing economics. Such effort now will ensure that you are ready to meet events and deal with them effectively.

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3. Nursing Service in General

ETHEL JOHNS

MOST PEOPLE, at some time in their lives, have a sense of a recurring life pattern, of having lived through an experience before under slightly different circumstances of time and space. As I stand here today, I have a strong sense of the recurrence of the nursing pattern which existed nearly thirty years ago when the Canadian Nurses Association met, as it is meet-

ing now, in Toronto. That was in 1917, the darkest hour in the first World War.

What was the C.N.A. like then? There was no national headquarters, no paid secretariat. We were all working under tension. We felt that nursing was at the crossroads, just as we feel it now, but the C.N.A. had already achieved a measure of integration and coherence. The leaders of that time would not have been unduly surprised or apprehensive about the problems which are coming up for discussion in 1946. In 1917, these were present, in embryo at least. And what were they:

1. There was a severe shortage of nurses, especially in hospitals.

2. We knew in our hearts that we should have to do something about training, supervising, and licensing the practical nurse, but we were not ready to admit it. Now we are. We are catching up with Florence Nightingale, in that respect at least.

3. A few of us believed that nursing had a rightful place in the universities of this country and were prepared to fight, and fight hard, to obtain it.

4. A few turbulent spirits, regarded as radicals of the deepest dye, were beginning to think that, sooner or later, nursing organizations would have to come to some sort of understanding with labor unions. Today the C.N.A. has a Committee on Labor Relations, and the sky has not fallen.

5. We knew then, as we know now, that under prevailing conditions hospitals cannot make ends meet without the nursing service given by pupil nurses. That seemed to us not to make sense. Other emergency community services, such as the police and the fire brigade, were organized on a sound financial basis? Why should the hospital be any less secure? All this in 1917!

It so happens that, while turning these things over in my mind, I have been living in three very different environments. For the past two years I have had an opportunity of observing American nursing affairs at close range. Then, when I came back to Canada, I had occasion to visit some of the Indian residential schools, a journey which took me as far west as Prince Albert and as far north as a place I shall call Pelican Lake. Now I am undergoing the chastening experience of living for a time in Toronto. All three environments have colored my thinking but, of them all, Pelican Lake has influenced me most profoundly.

Why all this ancient and personal history? Simply because, in times of stress and strain, it sometimes helps to view things in their proper perspective. What is our present position? Briefly, this:

1. The community is experiencing an exasperating, even a tragic shortage of nurses. Its members are increasingly anxious and increasingly vocal. They are demanding action in the press and over the radio. They are willing to pay a fair price for nursing service, although it is d o u b t f u l whether many of them realize just how high that price may become.

2. In most American hospitals there is an acute shortage of staff nurses, head nurses, and supervisors. It is openly admitted in the nursing press that nursing service has deteriorated to some extent, especially in relation to the actual bedside nursing care of the patients. How far these statements apply in Canada, I do not know, but from what I hear we have our troubles too.

3. In both countries there seems to be a growing sense of frustration and discontent among student nurses who cannot reconcile the sort of nursing care they are taught to give in the classroom (which is excellent) with the indifferent care they are forced to give their patients in the ward because there is neither time nor sufficient staff to do anything better.

4. Head nurses and clinical instructors ask themselves what sense there is in teaching a student to give good care when you know perfectly well that your instruction cannot be put into practice in the wards. All this leads to a sense of unreality, on the part of both students and in-

structors, which is serious because it poisons nursing morale at its source.

And now what about the staff or general duty nurses? Their attitude was summed up by a young nurse with whom I was talking the other day: "We are not tired of nursing", she said. "We are tired of not being allowed to nurse. We are tired of pinch-hitting for internes, laboratory technicians, orderlies, ward aides, cleaners, and what have you. We are mortally tired of doing other people's work and neglecting our own." Every nurse, student or graduate, with whom I talked (and I talked with a great many) was firmly convinced that, if the hospital could maintain its auxiliary and domestic forces at full strength, we should go a long way towards overcoming nursing shortage in hospitals.

Why doesn't the hospital do just that? Simply because it has not money to pay the wages these workers have a right to expect in return for their services. That money must be furnished by the community to the hospitals if the public wants nursing service. It is not enough to pay nurses well; they must also be given a chance to do the work for which they have prepared themselves. They must not be expected to render service which should be given by other workers. Nurses could do a great deal to educate the public mind in this connection and thus help the hospitals to obtain the financial support to which they are entitled.

Things would go much better if there were closer contact between nursing organizations, hospital administrators, and the medical profession. There are many important committees now functioning under the Canadian Nurses Association, but none is more important than the committee acting in conjunction with the Canadian Hospital Council. We need coordination of that kind on the provincial and the municipal level as well as on the national level. We can't do without the hospitals any more than they can do without us.

In the United States, the medical profession is becoming more and more embittered about the nursing shortage. Some influential medical groups are even contemplating drastic action in order to put an end to it, and I quote from a statement issued by one of them:

> There has been during recent years, a systematic effort which has increased the content of nurses' training. In universities, independent schools have been created. With the centering of attention upon elevating the standards of the nursing profession, there has been a decreased emphasis on the care of the patient. A separation, rather than a more intimate correlation of activities, efforts, and aims with the medical profession, has resulted.
>
> Numerous hospitals have employees who attend to the physical needs of the patients. During the war, nursing aides, with very limited preparation, have taken over nursing duties and given great satisfaction. It has become evident that they, and many so-called practical nurses, meet most medical requirements."

Meet most medical requirements? Yes, most but not all! Not even all the requirements of the eminent men responsible for this statement. Attached to that statement was a questionnaire which included this significant query:

> Could such workers, supervised by a nurse with three-year training in charge of the ward, provide a satisfactory solution of our nursing needs?

A nurse with a three-year training in charge of the ward. Did it never occur to these men that one reason why nursing aides and practical nurses did such excellent work during the war (and every fair-minded nurse will agree that their work was excellent) was because, in the background, there was usually a professional registered nurse, ready to take responsibility, night and day, to handle emergencies, to prevent mistakes, to keep the ward going on an even keel. It will be an ill day, for the patient, for the hospital, yes, for the physician himself, when they cannot count upon a fully qualified registered nurse to take the buffet and cushion the shock.

These women, whom the hospital

and the doctor take for granted, but cannot do without, are in need of a re-evaluation by nurses themselves. In the past, the women whom we have delighted to honor have been directors of nursing services, public health nurses, leaders in nursing education. We have overlooked the women who can give superlatively skilled nursing care. Yet there are many such who go quietly on with their work, year after year, with no increase in prestige or rank and very little increase in salary. But let us make no mistake—they are the backbone of the nursing profession. They fulfil the primary requirements of professional nursing: they are able to nurse the patient better than any other worker whatsoever.

The medical statement which I have already quoted infers that the influence of the university school has led to a decline in the emphasis on bedside nursing. This simply is not true. The university schools have rendered an enormous service in the clinical field. Not only have they helped to prepare excellent clinical supervisors, but they have also afforded advanced clinical instruction to bedside nurses who wish to qualify themselves in some specialized service. They have given carefully planned, capably directed clinical instruction to their undergraduate students.

Unfortunately, there is some truth in the statement that in the United States, separation, rather than a more intimate correlation, has arisen between the medical profession and some of the leaders in nursing education. There have been faults on both sides, and we in Canada should seek to avoid them. The only way to do that is to explain, over and over again, just what we are trying to do. We need a continuing joint council with the medical profession similar to that which we have already set up with the hospital council. The nurse members of that council will need the courage of the lion, the wisdom of the serpent, and the gentleness of the dove. About three parts of dove to one each of lion and serpent. In the early days, we hardy pioneers frightened the medical men by too much roaring and hissing. Above all, use simple language. There is nothing that irritates the members of the medical profession more than what one of them quite justly calls "the preposterous fiddle-faddle of the verbiage of nursing education."

Before we can sit in council with anyone, there are some important issues upon which we must get our own thinking straight. First and foremost comes the changing pattern of nursing service and nursing education which was envisaged at the C.N.A. meeting which took place two years ago in Winnipeg.

Broadly speaking, that pattern runs something along these lines:

1. Basic training in university schools (the so-called five-year degree course) will for the present be taken by relatively few students.
2. Basic training of the vast majority of professional registered nurses will be carried on in schools conducted by hospitals.
3. The present three-year course, if properly organized, might be completed in not more than three and not less than two years.
4. The preparation of nursing aides might be acceptably completed within a period of from six to nine months.
5. All persons rendering any type of nursing service for hire should be licensed.

In the United States, the suggestion that the three-year course should be shortened is meeting with stiff opposition in some quarters. This opposition seems to stem out of a fear that any school doing so would lose prestige and would automatically become a school for nurses' aides rather than for professional nurses. To avoid this fate, some schools are making desperate efforts to link up with any college, no matter how weak, which will take them on. In some instances, the results have been pretty disastrous. There is nothing more dangerous to the future of nursing education than the creation of weak university schools. Here at least there should be no compromise whatsoever.

Reference has already been made

to the crucial importance of preparing, encouraging, and rewarding skilled professional bedside nurses. Most of them will continue to come out of the hospital schools and, it is reasonable to suppose, could be prepared in less than three years if the curriculum were wisely planned. This can only be done if and when the school exercises complete control over the time of its students and can use that time to the best advantage. This implies that the hospital must be able to provide a sufficiently large staff of graduate nurses and auxiliary workers to assure the bulk of the nursing service.

It is the duty, and I am sure the intention, of the C.N.A. clearly to formulate and firmly to uphold acceptable standards for university schools, hospital schools for professional nurses and schools for nursing aides. It will not be easy to co-ordinate these different types of service and education, but it can be done if we show a mutual respect for one another, forget ancient grudges, and get on with the job. There will be need for frequent and friendly contact between the members of all three groups. There must be no snobbish caste system. In my opinion, it ought to be possible for the members of one group to qualify themselves for entrance to another, but I realize that this is a highly controversial issue. In any event, we must keep in close touch with the hospitals, the medical profession, and the community at large. Neither nursing service nor education is an entity in itself. We cannot live and have our being in a vacuum.

And now I want to say a word about Pelican Lake, and what I learned there. When I got off the mixed train at the whistle stop I had to wait until an ancient gentleman by the name of Mr. Scroggie warmed up the outboard motor boat which was to take me seven miles down the lake to the Indian school. A seaplane was bobbing about in the water at the dock and the pilot let me look it over. He told me that in the ordinary course of business, he often flew a doctor in or a patient out. "Any nurses yet?" I asked. "Not yet", he said, "but I sure have carried patients who could have used one."

Mr. Scroggie was ready by this time and, as we chugged away in the teeth of a cold northwest wind, he told me that the north country was opening up fast: "Mines all over the place and lumbering, too, but especially mines. They are using invasion barges to bring in equipment and supplies; men are beginning to bring in their wives and children, but it's a tough life when there is sickness. It ought to be easier to get a nurse or a doctor—some sort of a centre may be, from which you could fly them in."

This reminded me of talks I had had a few days previously with an Indian agent and a government doctor in charge of a number of Indian reservations scattered over a vast territory. Their ideas of a nursing service in the far north seemed to me to be conceived in a new dimension. Nursing centres in remote areas might be serviced regularly by planes with communications through the meteorological stations now being constructed in the north country. Each centre would have a few beds for emergency cases, a sort of clearing station. Bedside nursing skill of the highest order would be necessary and certainly midwifery. Yes, they said midwifery. Apparently these men had the same ideas as Mr. Scroggie and the seaplane pilot about nursing in the new north in the atomic age.

Those few days at Pelican Lake made me realize as I never had before what a profound change in direction is taking place in our Canadian national life. Until now, the main roads led us east and west and south. Now the thrust is towards the north. Mr. Scroggie is right—the country is opening up. A dangerous country, a challenging country, a new frontier!

Perhaps that is just what is happening in nursing, too. It may be time for us to leave the beaten track and to break a new trail toward a new horizon.

Preparation of Personnel to Meet Community Needs

1. Professional Training—Some Principles

R. C. Wallace

This is an age of professional training. For practically every vocation in life special abilities and skills and knowledge are needed, and schools are set up to provide what schools can, to fit men and women for these fields of activity. But the idea of professional training is not new. In the earliest days of the universities of the middle ages, the professions of the church and law and medicine were served by the very special education which the universities provided. In fact, this was the university education of that time. The difference between that time and this lay particularly in the scope of the education which was and is provided. Then all knowledge was canvassed in order to give the necessary background. Now the range of knowledge is severely restricted, and the intensity of the emphasis within the narrow range is accented. Then breadth; now depth. It is about this fact that I wish to make some observations here.

A profession, as distinguished from a vocation, is a calling in which the ideal of public service is dominant. It is not merely a means of making a living. It is an avenue by which life may be enriched, not only and not mainly for the individual who pursues it, but for the community in which he lives. Moreover, it requires special knowledge and skill which can only be attained after a rigorous course of training. But for the very reason that the influence of the profession is that of a public service, those who represent the profession should have in themselves the qualities to convey that influence. This comes not alone from high professional standing, although the confidence which may be placed in the knowledge and ability of the professional man or woman means very much. It comes as well from the width of interest and alertness of mind which shows itself in participation in the cultural and social activities in which a community is engaged. The influence of personality grows with the number of contacts which can be made. These contacts are the evidence of community of interest. Community of interest, in turn, is an outcome of a mind enriched by the thoughts and ideals of the wise men of all ages. It is a sign of the cultivated mind.

This question of a more liberal appreciation of knowledge in courses for professional education is engaging the attention of men and women in the field of education everywhere. One cannot achieve everything by changing the content of courses. But it is possible by such changes to emphasize the fact that life is more than making a living, and that it is a poor life that is not from time to time enriched by interests and hobbies entirely outside the range of the professional routine. If I were recovering from an illness I would hope to find from a chance remark of the nurse a field of interest and of thought which she was pursuing which would give me in turn a mental incentive, in itself a valuable aid in my recovery to health. The mind and the body are inextricably interwoven. We must feed the body to strengthen the mind, but no less must we feed the mind to strengthen the body. An enthusiasm and a keenness, be it for literature, for poetry, for music, for social hours, for

a hobby—this enthusiasm transforms a personality and stimulates those with whom the everyday contacts are made. It means much to display the womanly qualities of tenderness and sympathy and understanding which form the staple of the graduation addresses. It means even more to have as well a stimulating mind, kept fresh and alert by contact with the great achievements of men and women of past ages and of our present day.

Nursing education has a peculiar quality in that, until recently, it has been confined to hospitals and under hospital administration. What it has gained in intensity of detail, it has lost in breadth. For hospitals are not primarily educational institutions. It is my conviction that the relationship to the hospital will become less fixed and rigid as time goes on, and that universities will play a large part in the education of nurses—as they are already beginning to do. This will give greater opportunity for widening and liberalizing the education which nurses receive. One cannot overlook the fact that of all professions nurses receive by far the most meagre training. It is only necessary to compare with librarians, social service workers, high school teachers, to realize that much thought has to be given to the education of nurses if they are to play a part as a profession that is to count for great things in our modern civilization. This is not the place nor the time for self-congratulation. It is the time for realistic analysis, and it is a pleasure to take part in a panel planned to that very purpose. For it is clear that the profession has a still greater role to play in the future. We have become health conscious. We shall demand more from our nurses. I know that they have the statesmanship to work through their own problems to the end that they will be competent to respond to the faith that is placed in them.

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2. Nursing Education in a State of Flux

BERTHA L. PULLEN

I HAVE BEEN asked to speak briefly on nursing education in preparation for hospital, general and private duty nurses, with the preparation of the practical nurse included as an afterthought.

First of all, what is education? I realize that I am discussing a very controversial subject. Before we can intelligently discuss such a subject, we must clarify in our minds what education means to us. I will quote from Dr. W. H. Kilpatrick:

> From a broad point of view, all life thoughtfully lived is education. To give conscious attention to what one is about to seek and note significant meanings in what is happening, to apply these meanings intelligently as one may to the direction of one's affairs—all this is not only the path of efficient dealings, it is equally the process of education, in possibly the only full sense.

In our present state of confusion, frustration, and the process of adaptation to a more peaceful order, it is difficult to say just what our requirements in nursing education are going to be. The need is so varied and certainly is dependent upon the locale in which it is practised. Good nursing care is being practised in outlying communities that have never heard of the type of nursing education that many of us have had. Today, the general knowledge of Mr. John Public about health preservation and medicine and nursing is beyond the knowledge of the average nurse thirty-five years ago.

There are two things of which we

are certain. First, that the standards of education, both professional and general, for instructors and supervisors should be well in advance of the student nurses they teach, of the public they serve, and should advance steadily with medical science and general education. Second, nursing education must be in accord with the type of service the public expects us to render.

War has emphasized the importance of nursing service to community life and the health of the nation. The public is demanding more and more of it with relatively fewer nurses to provide it. The public has been educated to depend upon the hospital, not only to care for it when it is ill, but also to do the routine physical check-up to keep it well. These factors, along with wartime discoveries, have had a revolutionizing effect on patient care, medical and nursing education, and practice.

If nurses in hospitals are to assume the major role of administering schools and nursing services, teaching and counselling both students and patients, keeping abreast of the times in patient care, administering the wards, taking the blood pressures, giving the intramusculars, doing the lavages, giving the intravenous medications, etc., etc., that internes feel they do not have time to do, time must be found to safely prepare the purse to take on these responsibilities, if she is to protect the life of the patient and herself. Someone must be found to carry the lesser routine tasks in nursing care. Nursing education, in preparation for hospital duties, covers a wide range of techniques and proficiencies. The very nature of nursing demands a variety of services, which cannot be performed without waste, by a group of persons all educated at the same level.

I assume that, before we launch into specific recommendations for nursing education in all categories from the superintendent of nurses and her assistants in nursing education and nursing service, to the instructors, teaching supervisors, specialized head nurses, general duty nurses, and practical nurses, we are dealing with people who have been carefully selected, as to intelligence, good health, sincerity of purpose, and sympathetic attitude toward the sick. They are people who have adjusted and are happy in both their professional work and their association in the school and hospital; who accept their obligation, as good citizens, to make a positive contribution to professional life; who are objective in their attitudes on social position, morals, race, religion, etc. After such careful selection there should be a further generous weeding out.

Nursing administrators and their immediate assistants in nursing education and nursing service, in addition to their nursing course, must of necessity have pertinent knowledge of the fundamental principles of hospital administrative practices, economics, personnel practices, personnel counselling, nursing school organization, and a sound and understanding knowledge of nursing service to the patient. This pre-supposes a good, fundamental, general education, richly seasoned with cultural subjects. Such preparation can only be attained by reasonably long and varied experience, and through university study, where there is time and peace of mind away from the harried responsibilities of the critically ill to concentrate and think through one's problems. However, knowledge without corresponding poise, discernment, and managerial ability to accompany it, is of little value and all nurses in administrative positions should be precisely selected as to general, professional, and university education; as to professional experience, cultural background, and previous satisfaction for services rendered. Too often we have seen nursing services and schools of nursing suffer because the superintendents of nurses had enjoyed less preparation and cultural advantages than the students they were teaching.

Instructors, supervisors, and head nurses should be selected for their superior qualities, abilities, and interests. They should have specific preparation for the particular branch of

nursing in which they are working, as well as a thorough knowledge of personnel relationships, counselling, principles of supervision and teaching, which can only be obtained in graduate study. Miss Effie Taylor has said:

> The person who teaches students must have a broad knowledge of many disciplines, with deep insight into human needs, and with personal characteristics which inspire her students to think and work.

The general duty nurse we think of as the very young graduate who has just left the school of nursing and is laying her foundation of basic experience for a more responsible position. She is probably closer to the student than anyone else. Hence, it is important that her knowledge and professional practice be of the highest calibre, as the achievement of the student will be on the level of the nursing service which, through example and experience, she has seen practised. She will be the nurse who will care for the critically ill and complicated case. Hence, her knowledge of the application of all nursing principles should be thorough, conscientiously exercised, and in a continual state of growth. To be able to advise students, understand the bearing of economic and social factors on the recovery of her patient, and adapt prescribed therapy to the specific physical and psychic needs of each patient, the general duty nurse should have in her nursing course a sufficient foundation in the social and psychological science to enable her to care for her patients intelligently.

In what way is a private duty nurse different from a general duty nurse? Only in that she limits her time to the care of one patient, who should always be a seriously ill patient, whose illness should be of such a nature that he needs skilled nursing care. To be sure, she may have a family to deal with and she may not be working in a well-equipped hospital. Such bedside nursing requires skill and knowledge that will enable the nurse to meet the patient's physical needs and inspire him with the will to live, as well as shield him from an overanxious family and worry. Professional private duty nurses need a good basic knowledge in nursing that provides an understanding of human relationship and reactions. She must be a teacher and a believer in physical and mental health.

War, need, and commonsense have taught us that not all of what is called nursing service needs to be performed by professional nurses. We have learned that the practical nurse, subsidiary worker, or service aide, whatever you wish to call her, is a very necessary part of an institution. Just as nurses in the late nineteenth century relieved the doctor of the serious and responsible task of taking temperatures of patients, so now the practical nurse is taking over the routine baths, morning and evening cares, making beds, etc., and thus releasing the highly skilled nurse for more serious and specialized tasks.

Although the opportunities for the practical nurse will be present in every field of health service in which nursing is an important component, the area most suited for her to work is probably the care of the aged, the chronically ill, the convalescent, and the mildly ill patient. The C.N.A. has recommended that the practical nurse be at least eighteen years of age, have a minimum of eighth grade education, enjoy good health, provide satisfactory references, and have a course of at least six to nine months' duration and be licensed. As a student, the clinical experience of the practical nurse should encompass a rotation of service that will give her practical experience in those duties she is expected to carry out.

One effective phase of this preparation is the emphasis placed on performing well the work which the practical nurse is prepared to do. She should have some knowledge of anatomy and physiology, transmission of disease, fundamentals of disease prevention, capacity to recognize untoward symptoms, fundamentals of simple nutrition and housekeeping. We have no right to project her into hospital life without carefully deline-

ating her responsibilities and limitations. We must supervise those duties and be sure that she is not assigned to tasks beyond her capacity. We must accept her as a respected part of our personnel and make her feel that she is needed, that her work is important and dignified. We must orient her in her relationship to students, to graduates, the doctors, and subordinate personnel. She must have decent hours and a living wage. The understanding and attitude of the practical nurse must be in consonance with the mental and physical status of the chronic or convalescent patient. Such patients need nurses with more than a passing interest in them. The practical nurse must recognize the need for careful, intelligent, sympathetic nursing care. Such routine care lacks glamor. Nursing the chronically ill is certainly the acid test of good nursing. For the protection of the public and herself, the practical nurse should be classified as to function and licensed. She should have sufficient education to cope with the normal situations of life, and should have an appreciation of the needs requisite to a patient's comfort.

Until we have more carefully analyzed, defined, and classified the duties and responsibilities of the various types of nursing services, nursing needs, and nursing care, we will continue to be in a state of confusion, as to what specific preparation is necessary for each classification of nurse. One thing is certain, if we are to have satisfactory nursing, the only persons who can be relied upon to retain their best human qualities under disappointment and discouragement and under thankless tasks are persons of a dedicated life. Certainly, all classes of nurses, professional or practical, should be dedicated to their work. If nursing education is to be fruitful, it must apply to life as we find it in any age. I close with my opening quotation:

From a broad point of view all life thoughfully lived is education. To give conscious attention to what one is about to seek and note significant meanings in what is happening, to apply these meanings intelligently as one may to the direction of one's affairs—all this is not only the path of efficient dealings, it is equally the proceess of education, in possibly the only full sense.

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Preview

We have another of our interesting "three-way" series of articles in store for you for October. This time the topic to be discussed jointly is "Heart Disease in Children" and the contributors will be **Dr. A. L. Donovan** of Saint John, N.B., **Kathleen Bell,** who is assistant instructress at the Saint John General Hospital, and **Dorothy Titus,** a county public health nurse whose headquarters are in Fredericton. Dr. Donovan tells us that 90 per cent of cases of heart disease prior to the twenty-fifth year are due to rheumatic fever. It is present in 1 per cent of all school children. If you are doing school nursing, you won't want to miss this very informative material. If you are engaged in institutional nursing, Miss Bell has many useful hints that you will want.

Report of General Secretary

Since last we met, victory has been won. Converting from wartime activities to those of a peacetime program has and will necessitate many changes. National Office has already undergone many changes in the past few years. On July 15, 1944, Miss K. W. Ellis relinquished her duties as general secretary and national adviser. Miss Florence Walker, assistant secretary, resigned in October, 1944, and was replaced by Miss Winnifred Cooke on August 1, 1945. The present general secretary took over her duties in October, 1944.

The membership of the Canadian Nurses Association has increased from 21,431, recorded on December 31, 1943, to 23,685, on December 31, 1945—an increase of 2,254 members.

In the auditor's report, a surplus of $9,341.82 is shown for the year 1945. This is arrived at after taking credit for the sum of $4,062.08, being the unexpended balance of the special Grant made to the Canadian Nurses Association by the Treasury Department, Ottawa, in the year 1942, and affiliation fees for the year 1946, received in 1945, amounting to $1,690 or a total of $5,752.08.

National Activities

During the past biennium, there have been a number of changes in provincial registrars. The staff in National Office appreciates their co-operation. A very successful registrars' conference was held in June, 1945, immediately following the general executive meeting. It is hoped that such conferences may become an annual event.

A joint committee of the Canadian Hospital Council and the Canadian Nurses Association was appointed in March, 1946, for the purpose of studying the nursing service needs of Canada, and with a view to assisting in the solution of the complex problem now facing hospital schools of nursing—producing nurses in sufficient numbers and with the type of preparation required for expanding health services in hospital and community.

With the cessation of hostilities in 1945, the C.N.A. was informed by the Minister of National Health that the Federal Grant for nursing would be discontinued as of March 31, 1946. The Executive Committee on November 29, 1945, recommended that:

"In view of the commitments made by schools of nursing having increased enrolment, the Federal Government should be requested for a continuance of the special Grant made to such schools in 1945-46, until the graduation of students enrolled as at August 15, 1945."

Upon receipt of this resolution, the Minister requested a projection of the costs involved from April 1, 1946, to August, 1948. Budgets were submitted by seven provincial nurses' associations to cover their commitments. It is expected that the grants will be continued, as requested.

National Office has accordingly adjusted the budget for the next biennium to be financed by C.N.A. funds (affiliation fees) only. The secretarial and clerical staffs will be reduced by two members. The bookkeeper, will combine clerical and bookkeeping duties, and the national publicity and recruitment program will be eliminated. Two nurse secretaries will divide the work of National Office, field visiting, committee work, and national projects. It is regrettable that the C.N.A. will, of necessity, have to curtail its present program at a time when trends and developments in the expanding fields of nursing are demanding more nursing service and better prepared nurses to meet community needs. The leadership which is required, on a full-time as well as on a voluntary basis, nationally as well as provincially, is greater than ever before.

The following special committees, which have functioned during the war, will now be discontinued:

(1) The Government Grant Committee and the two sub-committees, viz., the Bursary Award Committee and the sub-committee to deal with all emergency matters connected with the Grant. (2) The Advisory Committee which acted as liaison with the Canadian Medical Procurement and Assignment Board and National Selective Service. (3) The Postwar Planning Committee. (4) The British Civil Nursing Reserve.

The general secretary attended a joint meeting of the American and Canadian representatives of the Florence Nightingale International Foundation Committees in New York in June, 1945, and a meeting of the Canadian Florence Nightingale Memorial Committee in Toronto, on April 23, 1946.

In February, 1945, Dr. F. W. Routley, national commissioner of the Canadian Red Cross Society, approached representatives of

the C.N.A. to ascertain whether the latter organization would consent, at the expense of the Canadian Red Cross, to undertake an immediate canvass of the hospital situation throughout Canada in order to determine the following facts:

(a) The need for nurses' aides in general hospitals (urban and rural), mental hospitals, and sanatoria. (b) The number of nurses' aides requested by each institution desiring such assistance under the terms specified by the National Selective Service. (c) The ability and willingness of the hospitals to pay such workers $60 a month, plus full maintenance and lodging.

The general secretary of the C.N.A. surveyed the four Western provinces, while the assistant secretary carried on a similar study in the Eastern provinces. Reports based on the findings in the nine provinces were forwarded to Dr. Routley, but as the war had ended by that time no further action was taken.

At the biennial meeting in 1944, it was resolved that restrictions prohibiting the C.N.A. from affiliating with other organizations should be removed. It was decided by the Executive Committee in October, 1944, that steps should be taken to secure affiliation with the National Council of Women of Canada. This was accomplished, and the C.N.A. was invited, with fifty-five other affiliated women's organizations, to participate in the formation of a "Women's Charter for Canada." The president and general secretary, with some other members of the executive, participated in a two-day conference sponsored by the National Council of Women in Toronto, in February, 1945. This was followed by a second conference in May, 1945, when the assistant secretary and members of the executive in Toronto participated. The Charter, entitled "Challenge to the Women of Canada", was finally prepared and copies have been distributed to members of the executive and to provincial associations for comments and approval.

The Minister of National Health referred to the C.N.A. for proposals concerning the establishment of an International Health Organization as one of the organs of the United Nations Organization. After contacting members of the executive, and nurses actively concerned with health organizations for suggestions, National Office prepared a memorandum for the Minister of Health.

National secretarial staff has attended and participated in all but one of the provincial annual meetings. This privilege has been of great assistance in becoming acquainted with the various provincial associations. It has provided necessary background for work in National Office and has facilitated planning a national program of activity with a great deal more appreciation of provincial needs. At the request of the president and executive of the Prince Edward Island Registered Nurses' Association, the general secretary conducted a two-day institute on the program and development of the provincial registered nurses' association. Assistance was given in the preparation of a brief for submission to the Provincial Government, requesting financial assistance for the School of Nursing Adviser's program and the development of a placement bureau. Assistance was also given to the Prince Edward Island Registered Nurses' Association by Miss E. MacLennan, assistant secretary, in the preparation of a brief on Nursing Service in a Health Insurance Plan.

As instructed by the executive on June 1, 1945, the general secretary, in co-operation with the convener of the national Committee on Placement Bureaux, prepared the program and assisted in directing an institute for directors of Placement Bureaux, held in Winnipeg, September 5-15, 1945.

For the purpose of studying administration, etc., the general and assistant secretaries visited the headquarters of the American Nurses' Association, the National League of Nursing Education, and the National Council for War Service for three days in June, 1945. Following our visit to the American organizations, we spent a very profitable afternoon at the International Council of Nurses headquarters. While we found much of value and assistance during our visit, we were also impressed with the enormity and complexity of the various nursing organizations. We realized anew the many advantages we enjoy in our less complicated, indeed, very simple, organizational structure.

An increasing number of letters requesting information on nursing in Canada are being received from the nurses of Great Britain. National Office prepared an article, entitled "Nursing in Canada", which interpreted the nursing situation, opportunities, salary schedules, etc. Copies of this article were sent to the editors of the *British Journal of Nursing*, *Nursing Times* and *Nursing Mirror*. Continuous requests for information on the pur-

pose and function of the Canadian Nurses Association, and how it serves the nurses of Canada, prompted National Office staff to prepare a pamphlet, the title of which has not yet been selected.

The need for stimulating interest in various fields of nursing, where the service needs far exceed the supply, has become increasingly urgent. General staff nursing, psychiatric and tuberculosis nursing illustrated pamphlets have, therefore, been prepared for distribution among senior students in schools of nursing and graduate staff, and by Placement Bureaux directors.

In accordance with the decision of the Executive Committee in November, 1945, that National Office should be responsible for future activities of the Committee on Records, Miss Cooke, assistant secretary, has prepared a set of records for schools of nursing to be used as a guide. These are being mimeographed and supplied to provincial associations for distribution to schools of nursing.

Six executive meetings have been held during the past biennium. Mimeographed folios containing all reports have been prepared for all executive meetings since October, 1944. The folios are sent to all members of the executive two weeks prior to the meeting for study purposes. This has facilitated the business of the meetings to a very considerable extent.

The Canadian Nurses Association was represented by National Office secretarial staff at the American College of Physicians and Surgeons conference in Montreal, in March, 1946, when the general secretary gave a paper on "Developing and Maintaining Standards in Postwar Hospitals"; the Canadian Public Health Association conventions in 1945 and 1946, when Miss MacLennan spoke on the work of the Postwar Planning Committee and nursing in Canada; the Canadian Hospital Council meeting held in Hamilton in September, 1945; representation at National Council of Women meetings.

The news clipping service to which the Canadian Nurses Association has subscribed during the war has been of inestimable value in providing National Office and the president with up-to-the-minute information on all matters pertaining to nurses and nursing, as related by the press across Canada. It has, therefore, been decided to continue this service.

Recognition of the Canadian Nursing Sisters serving with the Armed Forces are honors which are shared by all the people of Canada, but are of particular significance to those associated more directly with health activities. Three thousand seven hundred and eighty-two nursing sisters served during the war. Honors to the number of 471 had been bestowed upon nursing sisters in the R.C.A.M.C. and Naval Services at the time of writing. Unfortunately, when this report was prepared, the total number of nursing sisters who received honors in the R.C.A.F. was not available. This information will be released in *Notes* from National Office when received.

GERTRUDE M. HALL
General Secretary, C.N.A.

School of Nursing Records

In September, 1945, letters were sent out to each provincial secretary requesting a report from the schools of nursing in each province on the material that had been submitted to them in 1943 for study and experimentation, during the convenership of Miss Ruth Thompson. Replies have been received from all provinces except Prince Edward Island. From the comments received, one would gather that superintendents of schools of nursing feel the need for a standard set of records for the schools of nursing in Canada.

At an executive meeting held in November, 1943, it was decided that National Office should be responsible for future activities of the Committee of Nursing Records. Consequently, we have been working with a small local committee, which met informally on several occasions to discuss the various records that might prove of value.

The necessity for records is obvious. If they are to be useful, they should serve as a means and not as an end, and should contain accurate, essential information. They should

give definite, tangible facts, clearly and concisely, and should provide information for the nursing staff which will enable them to understand and evaluate the student.

The records that were sent out for study in 1943 have been revised and brought up-to-date, along lines suggested by the various provinces. Several new records have been added, namely: (a) cumulative health record, and in this form we have given a choice of more than one record; (b) interview with student; (c) weekly clinical teaching schedule; (d) class attendance; (e) daily and weekly nursing assignment; (f) affiliation record; (g) student's permanent record; (h) student's nursing (non-segregated) experience; (i) vacation slip; (j) record of nursing procedures and planned ward teaching in each of the specialties.

We have not yet attempted the achievement (evaluation, efficiency, rating scale) record. There are many varieties of this record. It is used to determine the qualities and progress of the nurse as demonstrated on the wards, and to help students by analyzing their achievement from day to day. To quote Mrs. McManus, Nursing Education Division, Teachers' College: "The purpose of evaluation is mainly to make it possible to give the nurse more effective education, professional and personal guidance toward increased adjustment." We feel that this record should be a project to be undertaken by the Hospital and School of Nursing Section, C.N.A., for the next biennium.

The records have been mimeographed and will be sent out to the secretary-treasurer of each provincial association, to be distributed to the schools of nursing as a guide from which individual schools may model theirs to fit their own particular need. We have kept this fact in mind in preparing the forms.

WINNIFRED M. COOKE
Assistant Secretary, C.N.A.

Report of Treasurer

In November, 1944, two bonds of $1,000 each, fully registered in the name of The Canadian Nurses Association and bearing interest at 4½ per cent, were converted into the Seventh Victory Loan by purchasing, in the name of the Canadian Nurses Association, two bonds of $1,000 each, bearing interest at 3 per cent. In November, 1945, five bonds, of $1,000 each, of the Ninth Victory Loan, bearing interest at 3 per cent, were purchased in the name of the Canadian Nurses Association.

The $300 Dominion of Canada bonds of the Nurses' National Memorial, bearing interest at 4½ per cent, or a total of $13.50 annually, matured in April, 1946. The interest on these bonds had been used to provide a wreath on Armistice Day each year for the Nurses' National Memorial in the Parliament Buildings, Ottawa. At the executive meeting on March 28, 1946, it was decided that the funds received from these bonds should be re-invested when the next national loan is launched, and that the interest from such investment should be used for the original purpose.

A study of the proposed budget shows an estimated expenditure for the biennium of $52,985.80. The expense of incorporation of *The Canadian Nurse Journal* and the possibility of incorporation of the Canadian Nurses Association accounts for an estimated expenditure of $2,500, and is included in the budget.

This report is submitted with appreciation of the information and other assistance readily afforded by the staff in National Office

MARJORIE JENKINS
Honorary Treasurer, C.N.A.

Never attempt to bear more than one kind of trouble at once. Some people bear three kinds—all they had had, all they have now, and all they expect to have.

—EDWARD E. HALE

Report of French-Speaking Adviser

As French-speaking adviser to the Canadian Nurses Association. I have the honor to give a report of the accomplishments during the past biennium:

In May, 1945, a short message was broadcast several times pointing out the nursing needs of tuberculosis sanatoria and mental hospitals. These broadcasts were prepared by Miss Margaret Brady and were translated and broadcast in French. In August, 1945, a fifteen-minute radio address was prepared by Mme P. Martin, of the Unemployment Commission, on the need for student nurses, and also urging graduate nurses to seek employment in sanatoria and mental hospitals. This address was transcribed and broadcast on all French radio stations during the first week of September, 1945.

On March 12, 1946, a group of nurses, including Mlle S. Giroux and Mlle J. Trudel, took part in a discussion presented by the French-Canadian Independent Youth Section of Nurses. Press publicity in all French newspapers in the Province of Quebec consisted of an article addressed to teen-age girls entitled "What Will You Do Tomorrow?" This was prepared by Mme Rose Letourneau-Lasalle, press publicity convener of Ste. Justine Hospital. The Montreal newspaper, *Le Matin*, published under the section, "Entre nous mesdames", comments on nurses, nursing needs, and schools of nursing.

During the past biennium, questions concerning nursing have been answered by the Publicity Committee. At a recent meeting of the Publicity Committee, a plan of publicity was prepared, which is to be sent to superintendents of schools of nursing in Quebec, so that each school may have an opportunity to participate in the program.

Pamphlets on nursing are being reprinted and will be distributed to students when visiting the high schools in Montreal and vicinity in June, 1946. Several other projects are presently under consideration. According to the statistics of the shortage of nurses, there will be need for continuing the press and publicity program on nursing.

JULIETTE TRUDEL
French Adviser

Report of "The Canadian Nurse"

CIRCULATION

The past biennium has been an exceedingly prosperous one for the *Journal*. During this time, the circulation has increased some 60 per cent. Several factors have contributed to this expanded interest:

1. *Visits to the provinces:* Through the kind co-operation of the provincial associations, their executive secretaries, and the *Canadian Nurse* conveners, it has been possible to reach large numbers of nurses at meetings held in every province excepting Prince Edward Island. Through these personal contacts, a new and stronger realization of each nurse's responsibility for the success of the *Journal* is being built up. It is hoped that even broader contacts may be possible in the next biennium.

2. *Special subscription rate:* It is interesting to note how well the rate of three years for five dollars has succeeded. This rate was put into effect in October, 1944, and today there are hundreds of subscribers who have availed themselves of it. This gives a stability and security to the *Journal* which is very re-assuring.

3. *Student nurse subscribers:* Where previously they could be counted by the score, today we can count our student nurse subscribers by the hundreds. In a considerable number of the schools of nursing across Canada, the student body is subscribed nearly 100 per cent. The special student rate is eighteen months for two dollars or four dollars for three years. The primary advantage of securing an ever-increasing number of student nurse subscribers is twofold. For students, the *Journal* provides a running account of nursing history in the making as well as being a ready source of useful reference material. Moreover, by

becoming well acquainted with the *Journal* during their undergraduate days, an awareness of its value carries over into the period following graduation.

Financial Position

Our increased circulation afforded us the right to raise the rates for advertisements in the *Journal*. From these combined sources of income it has been possible to provide a solid backlog of security for the *Journal* through the purchase of ten thousand dollars worth of Victory Bonds.

Since the business of the *Journal* is now assuming larger proportions, the Executive Committee of the C.N.A. has approved the incorporation of the *Journal* under the Companies Act.

Printing of the Journal

Despite the relaxation of controls by the W.P.T.B., the problem of securing paper has remained fairly acute. No immediate relief of this situation is in prospect but, nevertheless, our printers have been able to secure a sufficient quantity of coated paper to permit us to maintain an average of 84 pages per issue, and take care of all new subscribers and renewals.

Because of the marked dissatisfaction with the finished product, wholly unnecessary delays and irregularities, the contract for the printing of the *Journal* by the Garden City Press was terminated with the March, 1946, issue, and a new contract was given to the Herald Press Limited, Montreal.

The *Journal* in its new form is a credit to the nurses of Canada. Its improved appearance, its clear type, and its clean, well-balanced pages make for easy reading. Moreover, our new contract calls for a definite publication date so that the *Journal* should be in the hands of every subscriber before the middle of each month.

Editorial Content

During this biennium, the special pages for the Sections have been maintained. In addition, special pages were carried for several months for the Postwar Planning Committee and the Committee on Nursing Education. Since the beginning of this year, a D.V.A. Corner has been inaugurated, as has also a special page for our French-speaking members, "Aux Infirmières Canadiennes-Françaises." Brief sketches of numerous prominent personalities have been provided under the caption "Interesting People." A wealth of useful articles has been contributed including several combined discussions by physicians and nurses of important diseases. Few of the contributions have been paid for as yet but it is hoped that as the financial position of the *Journal* continues to improve, it may be possible to offer at least token remuneration to many of our authors.

Index

A much fuller indexing and cross reference of the material in the *Journal* has been carried on for the past two years. A start has been made on building a cumulative index for each five-year period, working backwards from 1945 to the inception of the *Journal*. A limited supply of this cumulative material will be prepared for sale on request.

Internal Management

The steady increase of clerical work necessitated the employment of an additional stenographer bringing the clerical staff to four. A progressive salary schedule was approved in 1944 which provides for regular increments for the staff. Sick leave arrangements were formulated and approved. In August, 1944, the *Journal* moved to more commodious offices. Today, these are too small for our needs.

The Editorial Board

No report would be complete without a grateful tribute to the staunch and considerate support which has been given by the Editorial Board. The wisdom of the C.N.A. in providing this form of organization rather than the widely scattered Publications Committee has been proven abundantly. Within the past few months, corresponding members of the Board, known as editorial consultants have been appointed, one for each province except Quebec which has both an English and a French-speaking representative. These editorial consultants will be a strength to the editor in providing first-hand information regarding the needs and problems in all parts of Canada.

Appreciation is also offered to the general secretary of the C.N.A. and to the assistant secretaries who have assisted in innumerable ways to strengthen the *Journal*.

The prospects for the next biennium are excellent. *The Canadian Nurse* is not only owned by the nurses of Canada—it is an integral part of the whole structure of nursing in Canada.

Margaret E. Kerr
Editor and Business Manager

Publicity and Recruitment Program

The program for the recruitment of student nurses, as proposed by the publicity convener in July, 1944, has been implemented in most respects to the full extent of our financial ability.

Sources of Student Nurse Recruits

In planning the recruitment and publicity program for 1944-45-46, all possible sources of student nurse recruits were considered. Recognizing that the *high school student* is the potential student nurse, an attempt was made through a survey among adolescent girls, to ascertain the degree of interest in and general ideas held on nursing by the teen-ager in Canada. A summary of the findings of this survey has appeared in *The Canadian Nurse*. On the basis of the replies received to the questionnaire, material has been prepared in which the questions most frequently asked have been answered. This information is contained in a booklet entitled "What You Want to Know about Nursing", and is ready for distribution to students in the first years of high school.

A direct approach was also made to the student group through their own press. A letter, covering the basic information regarding the need for nurses and opportunities in nursing, brought an overwhelming response from school principals, guidance counsellors, editors of school papers, and individual students, requesting more detailed information on nursing as a career. Articles were specially prepared for the school press and, in addition, many pamphlets and "lists" were supplied. Both the quantity and quality of this response revealed a keen interest in nursing on the part of the students and, on the part of the editors and guidance counsellors, a sincere desire to help us in fostering this interest. We have followed this avenue of assistance this year by preparing and supplying to the school press a series of *Questions and Answers about Nursing*. The complete set of five covered the following topics: (1) Subjects to take in high school; (2) schools of nursing; (3) personal qualifications of a good nurse; (4) student nurse life; (5) career opportunities.

The obvious source of recruits being the high school, the major portion of our efforts were directed to this group. The second source tapped was the group of young women who had been employed in *war industries*, those young women who might in peacetime have normally entered a school of nursing. With the permission of the director of National Selective Service, Women's Division, personnel managers of industrial plants were provided with our poster and pamphlets for distribution.

The third special source was the young women who are members of *young people's organizations* in the various churches. With the consent of the church officials, some fifteen hundred groups were supplied with suggestions and material for: (1) a program for a "career" evening, and (2) specific information on nursing for the discussion leader. We received in reply many letters expressing interest and appreciation and further requests from individuals for more information on nursing. Several articles were especially prepared for publication in church periodicals.

Just previous to general demobilization of the armed forces much material was sent to vocational guidance counsellors in the services and in the Department of Veterans Affairs in response to requests from officers in these services. Assistance was given to the counselling personnel, R.C.A.F., in the preparation of their "Occupational Review on Nursing."

Printed Matter

Pamphlets: During the past two years, thousands of copies of the pamphlets "What Nursing Holds for You" and "Have you Got What it Takes to be a Nurse?" have been distributed by provincial publicity conveners and secretaries as well as from the National Office. A reprint of two thousand copies of the French translation of "What Nursing Holds for You" was obtained for distribution in Quebec.

A *Speakers' Hand Book: Tips for Talks on Nursing*, prepared in 1943, proved very helpful and popular. A reprinting was necessary to fill the demand during this biennium.

Information on *Schools of Nursing in Canada from which Students may Obtain Registration* has been assembled and tabulated, and prefaced with a page on "How to Choose a School of Nursing." This list is available from National Office and provincial registered nurses' association offices.

In an attempt to meet the appeal of the small hospital for more student recruits and to direct the interested students to schools which still had vacancies, a *monthly listing of schools desiring applicants*, together with dates on which classes would begin, has been sent to all superintendents of schools of nursing and provincial secretaries. The value and effectiveness of this method of exchange of information is difficult to assess in the short period of time during which it has been in operation, but judging by the response from superintendents of nurses the service is appreciated. Of necessity, however, this is one service which has been discontinued with the withdrawal of the grant.

For the information of students nurses, graduates, and employers of nurses, a *chart* of the "Opportunities in Nursing in Canada", which shows the classifications of positions available and the salary range in each, has been prepared. These charts are suitable for display on bulletin boards in hospitals, offices, and placement bureaux.

Poster: Through the generosity of the Canadian Street Car Advertising Company, some two thousand car-cards on student nurse recruitment have appeared in every second street car and bus across Canada during the past year. Many enquiries for more nursing information referred specifically to this advertisement.

Daily press: We continued to use the daily press as a means of circulating information and influencing opinion on nursing. The generosity of the press in publishing our news releases free of charge is greatly appreciated. Ten releases, exclusive of reports of meetings, were prepared during 1944-46.

Through the *Canadian Press Clipping Service* we obtained many interesting items which have helped us keep our fingers on the pulse of public feeling and to observe changes in the attitude of the public regarding nurses and nursing throughout Canada.

A special series of articles, interpreting nursing to the public, entitled "Nursing and National Health", was published in an endeavor to obtain a sympathetic ear for the urgent problems of the profession. Reprints in booklet form have been obtained to meet the demand for copies of this whole series.

Magazines: The February, 1945, issue of the *Canadian Home Journal* carried an article "Will your Daughter be a Nurse?" which brought a flood of requests for more particulars about nursing. We were especially interested to note that many of these were from the parents of high school girls.

Data on nursing as a profession was supplied to *Chatelaine* for inclusion in an article discussing post-war opportunities for women.

Articles were supplied to two magazines which are devoted to teen-age interests and published by *Educational Projects Incorporated*. "Judge Hardy Looks at Nursing" appeared in *Canadian Heroes* in February, 1945. In the series "What is your Vocation Going to Be?" appearing in *Teen Talks*, the first issue June, 1945, carried the facts about nursing as a career.

The Montreal Herald ran a generously illustrated doublespread on nursing on March 27, 1945. Many of these pictures are appearing in our new booklet "What You Want to Know about Nursing", through the courtesy of the *Herald*.

Liberty magazine has been most generous by devoting an entire inside cover page to student nurse recruitment, in not one but many issues of their popular magazine. More enquiries for nursing information have been received referring to the *Liberty* advertisement than from any other single source. We are indeed indebted to *Liberty*.

Films

Prints of the C.N.A. newsclip, "White Sentries Guard Vital Outposts", were sent to each registered nurses' association and the film was shown in many centres across Canada.

Radio

In addition to the printed word, we have continued to use the very effective medium of radio in our publicity program. Until October, 1945, the Department of National Health and Welfare included a nursing note which was prepared by the C.N.A. on National Health Spots each week.

Discussions on Nursing—I, II and III, have been prepared for round table talks on nursing by graduate and student nurses and high school students. These have been circulated for use in "live air" or "mock radio" programs in high schools and young people's groups. A radio transcription of Discussion No. 1, recorded during a "live air" program in Alberta, is available from National Office, Montreal. Mimeographed copies of all the scripts are also again available.

Special mention should be made of the valuable publicity obtained through Pond's *John and Judy*, one of Canada's popular radio serials, in which nursing has been made an integral part of the story.

A series of six 15-minute *radio plays*, in which a student nurse is the heroine, are now ready for use. These plays keep the same characters throughout but each episode is complete so that they may be used individually as well as in a series. A complete set of these recordings has been sent to each provincial registered nurses' association for use within the province at times convenient to the provincial association and the local radio stations.

Throughout this biennium, each provincial registered nurses' association has carried on an active program of recruitment adapted to their particular needs, which has complemented and supplemented the national program. Time and space forbid a detailed account of each provincial program but the results are evident in the marked increased enrolment of students in our schools of nursing since 1939 (44.5 per cent).

Vocational Guidance

These various media which we have been using form an excellent background of mechanics, but it is through the individual counselling that our greatest returns should accrue. We, regrettably, have tended to think that the general public must be convinced by the intrinsic value of the work of our profession. We have constantly scorned the arts of publicity in presenting to the public the facts concerning nursing. Right here in nursing we have a solid mass of tradition to overcome. We have shamefully neglected to take the high school principals, deans of colleges, and vocational guidance counsellors into our confidence. They have come to us seeking the information concerning our profession. They are anxious to assist us, but do not always know how. When the critical national need for nurses was presented to them they wholeheartedly opened the doors of their general assemblies to our nurse speakers. Closer co-operation between the nursing profession and the teaching profession should help to overcome the objections of the parents who desire higher education for their daughters and do not know that in many instances academic recognition is given the professional courses at our university schools.

The potential students themselves want facts. They are conditioned against sentimental appeals. There has been an expressed fear of post-war unemployment due to the greatly increased number of student nurses. These potential students want more definite, concrete information about the future in nursing.

The vocational guidance counsellors throughout the Dominion are in a strategic position to aid us in many ways. They are alive to our needs and keenly interested in our problems. It seems to us that a closer co-ordination of the efforts of everyone concerned in education would result in the solution of many of our nursing difficulties.

We have barely scratched the surface of the recruitment of college-level women for nursing. If their interest is to be enlisted, two things must be done—a more effective means must be found of presenting nursing to them, and we in nursing must set our house in order. We must prove to and assure students who enter nursing that they will be given a program and environment that will contribute to their personal as well as to their professional development. Are we prepared to accept this challenge?

E. A. Electa MacLennan
Publicity Convener, C.N.A.

Needles and Thread Permit Stitch in Time

Not haystacks, but war's destruction swallowed up millions of needles in Europe and China. Along with thread, they are desperately needed in the wartorn countries, where home sewing of clothing is a much more common practice than it is in America. The sewing supplies are even more urgently needed for clothing repairs, which is only too often a matter of holding rags and tatters together. Mending, revamping, remodeling is endless.

To make a stitch at any time possible, UNRRA has to date purchased about 120,000,000 needles for hand sewing. approximately 10,000,000 needles for sewing machines and about 25,000,000 yards of thread, In addition, 100,000 small individual sewing kits and thousands of thimbles have been procured in the United States.

Largest quantities of these sewing supplies are going to China, and in Europe, to Czechoslovakia and Yugoslavia.

Committee on Nursing Education

During the biennium there have been six meetings of the committee, at which the following questions were dealt with:

The training of tuberculosis nurses in Saskatchewan—On June 25, 1944, a letter from the acting registrar of the Saskatchewan Registered Nurses' Association, was received, asking for suggestions or comments on a proposed plan for the training of tuberculosis nurses in Saskatchewan. A special meeting of available members of the Education Committee and the S.R.N.A. was held on June 26 in Winnipeg. Suggestions were made both for a long-term plan and for meeting the acute emergency existing at the time.

Articles for The Canadian Nurse—A special section for the Committee on Nursing Education has been instituted in the *Journal*. The Committee prepared three articles on post-graduate courses in Canada which were published in May, June, and July, 1945. In seven succeeding numbers of the *Journal*, articles dealing with various phases of nursing education were published.

Florence Nightingale International Foundation—Preceding a meeting of the committee in Toronto on February 20, 1945, Miss Jean Masten, chairman of the Canadian F.N.I.F. Committee, had asked for informal consultation with the Committee on Nursing Education concerning the revival and re-organization of the F.N.I.F. There was considerable discussion of the history and purposes of the Foundation. No action was taken, but it was the opinion of those present that clear-cut agreement on the educational and administrative policies of the Florence Nightingale Foundation should be reached before any discussion of courses, offices, or other subsidiary matters was allowed to confuse the issue. Miss Masten reported that the suggestion had already been made that there should be a joint meeting of the American and Canadian F.N.I.F. Committees with Mrs. Carter. This suggestion was heartily approved by the Committee on Nursing Education.

At a meeting on May 25, 1945, Miss Masten reported that the joint meeting of the Canadian and American F.N.I.F. Committees took place in New York on May 4, 1945. The Canadian proposals were discussed, Dr. Gregg, director of Medical Services. Rockefeller Foundation, attended the meeting. He expressed the opinion that direction of an educational enterprise had to be under one group, and suggested that the work formerly undertaken by the F.N.I.F. might become the educational activity of the I.C.N., and that the memorial might take the form of bursaries and fellowships. No separate foundation would be needed. A motion was carried that the C.N.A. and the A.N.A. recommend the dissolution of the present foundation. Legal advice is being taken on this.

Accelerated course in nursing at the Vancouver General Hospital—At a meeting in Toronto in May, 1945, it was decided to ask the school of nursing at the Vancouver General Hospital, and the registrar, R.N.A.B.C., for a report on the success of the plan for acceleration of the basic course, the plan for which was approved by the C.N.A. at the request of the Vancouver school. Up to the present time no report has been received.

C.N.A. qualification in first aid for nurses—At the biennial meeting of the C.N.A. in Winnipeg in July, 1944, the Committee on Nursing Education presented a memorandum concerning a C.N.A. qualification in first aid. In June, 1945, the Executive Committee of the C.N.A. asked the Committee on Nursing Education to prepare a plan for this qualification, to be submitted to the Executive Committee in October, 1945.

On July 17, 1945, the first outline of the plan was sent to the members of the Education Committee and the C.N.A. executive. The plan included both the suggested organization and administration, and a syllabus. The syllabus is introduced by the following paragraph:

"The attached outline covers the material on which the nurse will be *examined* for the C.N.A. certificate. It is realized that in many schools some of this will be given in medical emergencies, surgical emergencies, and elsewhere; and also that the instructor will wish to make her own outline of the course."

Comments from the provinces on the syllabus will, therefore, not be discussed at this time, though they will, of course, be carefully considered in drawing up the final syllabus, in order to be certain that all necessary topics are included in the examination.

Following the executive meeting of Novem-

ber, 1945, the plan was sent to all the provinces for their consideration. In relation to the general arrangements, discussion from the provinces centred chiefly on the question of the examination for the certificate. At the executive meeting of March, 1946, the comments of the provinces were very fully considered, and the following resolutions were passed:

(a) That the Canadian Nurses Association submit to the provincial registered nurses' associations, for their consideration and approval, the proposal that the Canadian Nurses Association establish a national standard in the teaching of first aid in schools of nursing by incorporating such a course into the "Proposed Curriculum for Schools of Nursing in Canada", and that a certificate be issued by the Canadian Nurses Association to those who have successfully passed an examination in this subject.

(b) That if the proposal that the Canadian Nurses Association establish a national standard in the teaching of first aid in schools of nursing is accepted by the provincial registered nurses' associations, the Canadian Nurses Association so inform the Federal Minister of Health and such interested groups as the Canadian Medical Association, the Canadian Red Cross Society, and the St. John Ambulance Association, and, further, that the approach to provincial Ministers of Health and to all provincial groups of the above-mentioned organizations be made through the provincial registered nurses' associations.

(c) That practical and oral examinations for the first aid qualification be conducted, these to be set nationally but given and marked locally; all marks to be forwarded to the Central Examining Board, from which the certificate will be issued.

Accrediting of schools of nursing in Canada—At the meeting of the Executive Committee in May, 1945, the following resolution was passed:

That the Canadian Nurses Association approve the principle of accreditation for schools of nursing in Canada, and that the Committee on Nursing Education be asked to initiate a plan of action as quickly as possible.

A plan was drawn up, and submitted to the executive in November, 1945, and was again discussed by the executive in March, 1946. At the latter meeting it was decided that the C.N.A. has no money to allow for this project, and the plan is tabled for the present.

Registration examinations—This matter has been brought again to the attention of the convener of the Committee on Nursing Education. The points particularly raised were: (a) preliminary examinations, and (b) the problem encountered by the schools of nursing in releasing instructors to mark examination papers.

In connection with (a) preliminary examinations, the attention of the members is drawn to the report of a special committee composed jointly of members of the Hospital and School of Nursing Section and the Committee on Nursing Education, which report was presented to the Executive Committee in March, 1944. This report contains the following recommendations:

Preliminary examinations: In the opinion of the special committee, the provinces should give immediate serious consideration to the establishment of a preliminary examination. Such examination (a) to be called Part I of the registration examination; (b) to be held at the end of the first year of the undergraduate course; (c) to be conducted under the same arrangements as the final examinations; (d) to include papers on any or all of the subjects of anatomy and physiology, nursing, normal nutrition, pharmacology, bacteriology.

In connection with (b), *the marking of papers*, it is thought that this is a problem which will have to be solved in the provinces. Suggestions which might be made are: (1) A larger staff in the provincial inspection departments, so that papers might be marked centrally. (2) The holding of the registration examinations once instead of twice yearly, i.e., in the summer when classroom teaching programs in the schools would be finished.

E. K. RUSSELL
Convener
N. D. FIDLER
Secretary

Worry is interest paid on trouble before it is due.
—DEAN INGE

Sub-Committee on Subsidiary Workers

In October, 1945, your committee reported: (1) that British Columbia and Ontario had drawn up rules and regulations for practical nurses joining the registries; (2) that Manitoba had obtained an act providing for the training, examination, licensing, and regulation of practical nurses.

The following are the chief developments in connection with subsidiary nurses since October, 1945:

British Columbia: Canadian Vocational Training is organizing a course for ex-service women, to commence in May. British Columbia nurses have been campaigning vigorously for two years for a licensing bill, but so far the provincial government has not brought this in.

Alberta: In January, 1946, Canadian Vocational Training organized a course for ex-service women. The course is nine months in length. Twenty students are enrolled and are taught by two graduate nurses. The nursing procedures for the syllabus were prepared by the Subsidiary Workers' Committee of the A.A.R.N. Hospitals employing ward aides are responsible for their training according to a syllabus arranged by the A.A.R.N. for the Department of Public Health in 1941. Alberta is studying nurse practice acts, but has decided not to bring in a licensing bill for assistant nurses this year.

Saskatchewan: The S.R.N.A. is negotiating with Canadian Vocational Training regarding a course.

Manitoba: The practice act was passed in March, 1945. Since the act came into effect, it has been illegal for any practical nurse to nurse for remuneration without a license. Applications for licensure from practical nurses already in the field are being received up to December 31, 1946. After this date no one will receive a license as a practical nurse unless she has successfully completed the minimum course approved by the Department of Health and Public Welfare.

The approved course of one year's length has been set up and operates in four hospitals. By an arrangement with Canadian Vocational Training, ex-service women are admitted to these courses.

Ontario: In October, 1945, Canadian Vocational Training, after consultation with the R.N.A.O., decided to set up a course in practical nursing for ex-service women, and requested the formation of a joint committee. This joint committee meets monthly and, while it was requested for educational policy, it has in fact been consulted on all administrative policies also. It has so far been able to prevent the setting up a of number of additional courses until the first centre has had an opportunity to work out the details of training for this group. The school was opened at the end of March, and is under the direction of two well-qualified nurse instructors. Fifteen students are enrolled.

Quebec: The decision of the Quebec committee was that for the present no course for assistant nurses would be undertaken by the R.N.A.P.Q., since there were already a number of courses of various types in the province. It was felt that control of this type of training was the first essential. The government has been requested to prepare legislation for the subsidiary worker. Discussions have been held with Canadian Vocational Training, and the reasons for not opening new schools at present explained to them. However, a course for mental attendants, to be started in the near future at the Verdun Protestant Hospital, has been arranged with Canadian Vocational Training.

New Brunswick: A licensing bill is being prepared, but will not be brought in until 1947. Plans are underway with the Canadian Vocational Training to open a school for trained attendants at Moncton on June 1. This school will be for the Maritimes as a whole.

N. D. FIDLER
Convener

Cardiovascular Research

One hundred and forty-six life insurance companies of the United States and Canada have co-operated to organize a research fund, to promote fundamental research in problems of cardiovascular disease, including fever, hypertension, arteriosclerosis, and other conditions in which study is indicated. Mr. Albert Linton, Life Insurance Association of America, is chairman of the committee.

It's Vital—S. F. TUBERCULOSIS ASS'N.

Report of the Editorial Board

The Editorial Board was first appointed after the biennial meeting in 1944, the members being: Misses Esther M. Beith, Marion Lindeburgh, Margaret E. Kerr, and Mary S. Mathewson, convener.

The function of the Board is to act in an advisory capacity to the editor and business manager of *The Canadian Nurse*, in matters relating to editorial policy, finance, and business management. The editor attends all meetings and acts as secretary of the Board.

Eight meetings have been held during the two-year period. The following matters have been considered, recommendations made, approval of the Canadian Nurses Association secured, and appropriate action taken:

(1) Adoption of a salary scale for clerical staff; (2) adoption of a definite policy regarding holidays and sick leave; (3) appointment of an additional part-time clerical assistant; (4) signing of contract with the Herald Press Limited in Montreal to print the *Journal* as from April, 1946; (5) appointment of provincial editorial consultants to assist the editor in securing first-hand imformation regarding the interests, needs, and problems of nurses in all parts of Canada; (6) authorization for the convener of the Editorial Board to act as signing officer for the *Journal* in case of emergency, and bonding of this officer; (7) adoption of a definite policy to guide financial relationships between the Canadian Nurses Association and *The Canadian Nurse*, namely, that any extraordinary expenditure, not included in the budget, be referred to the Editorial Board for approval, and then to the Executive Committee of the Canadian Nurses Association for ratification; (8) incorporation of *The Canadian Nurse* under the Companies Act approved but not yet completed.

You have already been informed that during the past two years the circulation has increased considerably. The current budget is approximately $30,000 and a reserve fund has been invested in Victory Bonds.

The Editorial Board wishes to express its great satisfaction in the healthy state of the *Journal* and to congratulate the Canadian Nurses Association on having secured the services of Miss Margaret Kerr as editor and business manager of *The Canadian Nurse*. Her work speaks for itself through the *Journal*. It is hoped that at the next biennial meeting the editor may be able to report that the circulation has passed the ten thousand mark.

MARY S. MATHEWSON
Chairman

General Nursing Section

Three executive meetings were held, but the work of the section has been carried on largely by correspondence and committees. Each fall, an outline of suggested topics for meetings was sent to the provincial chairmen. Educational programs have been carried out, frequently in conjunction with the other sections, indicating that any subject of importance is of interest to all nurses. The programs have ranged from addresses by doctors on current methods and treatments to short refresher courses.

Early in her term of office, Miss Helen Jolly, of Regina, on taking a supervisory position, was obliged to resign as chairman of the Publications Committee and was succeeded by Miss Ada Billinkoff of Winnipeg.

The major activity of the section has been directed toward assisting in meeting the ever-increasing community and hospital nursing needs. Every effort has been made to direct nurses to hospital duty. Organized plans have been followed whereby private duty nurses have given stated periods of time to general staff relief, with special efforts being made during the summer vacations.

We would like to pay a warm tribute to the many married nurses who came back to help

relieve the situation in hospitals and private duty, and also to the wives of servicemen who gave so much of their time wherever stationed. With nurses still in the services, and with the increasing requirements of military hospitals, it has been impossible to fill all calls to the civilian institutions where the shortage has been acute. Recently, however, there have been reports of improved conditions in some districts, a number of hospitals being, for the first time in years, fully staffed.

Reports across Canada have shown a definite shortage of private duty nurses. With a depleted private duty membership, and with hospitalization benefits and increased spending power on the part of the public creating a greater demand for their services, registries have reported increases in the number of unfilled calls. A form of rationing has been carried out, priority being given to calls from the homes and to the most urgent hospital calls. The co-operation of doctors, patients, nurses, and hospitals has been sought in an effort to curtail luxury nursing, with varying results. In the last few months there has been some increase in the numbers registering for private duty, these being partially offset by others accepting positions or returning to civilian life.

At the last biennial meeting, a resolution was brought in requesting that steps be taken to curtail the undesirable practice of nurses appearing on the street in uniform. A campaign has been carried on in several provinces seeking the co-operation of hospitals in providing adequate locker space. The results in some areas have been gratifying.

PEARL BROWNELL
Chairman

Hospital and School of Nursing Section

It is with regret that we report two vacancies amongst the officers of our section. Owing to ill health, Miss Martha Batson was forced to resign the chairmanship of the section in February of the present year. Two months later, Miss Vera Graham, the secretary-treasurer, resigned in favor of an appointee in the vicinity of the first vice-chairman. Following the provisions of the by-laws of the section, the first vice-chairman assumed the duties and responsibilities of the chairman and the executive committee of the section appointed Miss Beryl Seeman, clinical instructor at the Winnipeg General Hospital, to fill the office of secretary-treasurer until our present biennial meeting.

The executive committee of the national section wish to record their appreciation to Miss Martha Batson and Miss Vera Graham for their services to the Hospital and School of Nursing Section in spite of other heavy responsibilities and ill health. We wish to draw to your attention at this time that the activities included in this report have been initiated and almost entirely carried out by these former officers and we make apologies if, unwittingly, our report is inaccurate or incomplete.

Meetings: Due to the distance between members, it has been impossible to hold a general meeting of the executive committee of the section, but one such meeting is to be held in Toronto immediately preceding the sectional meeting. Eight meetings of the chairman and secretary-treasurer were held during the biennium, six of these in Montreal and two in Winnipeg. The bulk of the work of the section has been done by correspondence.

Appointments: Miss Gertrude Ferguson, Ottawa Civic Hospital, was re-appointed convener of publications. Miss Gwladwyn Jones, Toronto Western Hospital, was re-appointed convener of the Committee on Instruction.

Activities: 1. Preparation of a Canadian manual on the Essentials of Good Hospital Service. A committee, with representation from the Nursing Committee of the Canadian Hospital Council, the Nursing Education Committee, and the Hospital and School of Nursing Section, was convened by your chairman. The project begun in the previous biennium was to be pursued by the above committee.

A preliminary report was made by the

convener to the Executive Committee, C.N.A., in October, 1944. This body recommended that our study of the American manual, published by the N.L.N.E. and the American Hospital Council in 1942, be continued with a view to using the American manual as a guide for Canadian hospitals for this biennium. The preparation of a Canadian manual seemed inadvisable at the present time for two reasons, namely: (a) There is insufficient experienced and qualified staff in hospitals at this time to assist in making the required study. (b) Counsels of perfection made at a time when they cannot be realized because of grave personnel shortages in hospitals might be more irritating than useful.

The project is to be resumed at a time deemed more opportune by the executive of the C.N.A.

2. Prerequisite academic qualifications for entrance to schools of nursing. As there is a great variety of academic requirements for entrance to schools of nursing in Canada, and as such requirements are not always in accord with the matriculation requirements of Canadian universities, an attempt was made to obtain an over-all picture of both nursing school academic requirements and university matriculation requirements in the Arts and Science courses throughout Canada. A questionnaire was forwarded to the chairman of each of the nine provincial sections in November, 1944, to obtain this information. Replies were received from all provinces and are on file for reference upon request.

3. Participation in the project of the Nursing Education Committee, regarding C.N.A. qualifications for first aid. In August, 1945, a plan for a first aid course, to be given under the auspices of the C.N.A., was submitted to the chairman of your section by the secretary of the Nursing Education Committee, C.N.A., for study and comments. A copy of the plan was sent to each provincial convener and to the national officers of the Hospital and School of Nursing Section for their constructive criticism. The outline was favorably received and suggestions were forwarded to the Committee on Nursing Education.

4. A study of the advisability of recommending a policy regarding payment of a nominal fee by post-graduate students for well-planned observational or field experience. This problem was referred to the Hospital and School of Nursing Section by the president and general secretary of the Canadian Nurses Association in April, 1946. The study is being made at the time of writing and recommendations will be presented for consideration at the section meeting.

Provincial Sections: Four progress reports have been received from each of the provincial sections during the biennium. Regardless of the fact that heavy demands have been made on nurses in institutional duty during the past two years, the activities of sections have been maintained and interesting and useful programs provided.

SISTER DELIA CLERMONT
First Vice-Chairman

Committee on Instruction

The major piece of work undertaken in the past biennium was a study of the problem, "How long do we consider a mask clean when in use." Questionnaires containing pertinent requests for factual evidence were forwarded to each of the provincial conveners of the Committee on Instruction, with the recommendation that these be studied by the groups concerned.

It would appear, from reports received to date, that every member has worked under the ever-increasing pressure of additional responsibilities, and yet each manifests an interest and willingness to go the extra mile in giving to our profession the support required at this very crucial time.

The ramifications of multiple, diverse, and yet common problems as the result of the war have influenced the machinery and functioning of the Committee on Instruction. This factor has resulted in delay as well as in the necessity of all contact with provincial members being by correspondence. The uncertainty, in some instances, of the names and addresses of provincial conveners has greatly impeded the work undertaken. There-

fore, to facilitate the transactions of business activities, it is recommended that an outline of the "Committee on Instruction," embodying the organization and duties of its members, be sent by the office of the C.N.A. to each province and that the names and addresses of provincial conveners be forwarded to the national convener.

The increased onus of service demands and a questioning attitude in view of previous studies, rather than actual disinterest in the problem has resulted in the following response by the provinces:

Reports were submitted by Alberta—1 hospital; Nova Scotia— 6 hospitals; Ontario —61 hospitals; Quebec—14 hospitals. Manitoba reported that consideration is being given the questionnaire, but to date no reports have been forthcoming from the remaining four provinces. Inconsistency in the answers of the 82 hospitals reporting is the most outstanding feature as evidenced by the accompanying summary.

THE USE OF THE MASK

Department where used	*No*	*Yes*	*No Answer*
Dietary—formula room	12	60	10
Medicine	17	59	6
Obstetrics—delivery room	5	66	11
labor room	23	52	8
nursery	5	72	5
post-partum care	31	42	9
Operating-room	—	80	2
Pediatric—infant ward	7	62	13
children's ward	17	47	18
Surgery	16	45	21

Diagnostic indications: Medicine—acute respiratory infections, communicable diseases, tuberculosis; surgery—open wounds, burns, tuberculosis, erysipelas, respiratory infection on part of nurse.

Length of time in use: Varied from a minimum of twenty minutes to a whole day. Some made the statement that nurses washed their own masks. Some reported a different length of time permitted for doctors—usually shorter than for nurses. Does this seem judicious?

Repeated use: Majority were not in favor of this practice but, where employed, most common location in the interval was in the nurse's pocket with face side folded inwards. Some were allowed to "drop down" on neck, others, face side outwards, were placed in special containers, while in some aseptic units they were "hung" over the gown.

Description: Materials used varied: one layer of flannelette, two layers of fine cotton, or one to eight layers of gauze. Fifteen different types of masks were reported in use throughout sixty-four schools. Some schools employed as many as three different types, depending on department in which used. Reported sizes were of twenty-one different dimensions ranging from 4" x 6" to 7½" x 10½".

Source of issue: In order of preference, the following were the departments listed: operating-room, obstetrical department, linen room, ward stock, central supply room, and laundry.

Containers: Covered glass or enamel containers were an almost unanimous choice except for the occasional bundle or bag.

Method of wearing: The most commonly selected method was to fasten the upper ties at back of head and lower at nape of neck.

Solution: Between use and washing, only four schools advocated immersion in any type of solution.

Washing: Soap and water treatment approved before autoclaving or boiling. Slight preference given to autoclaving as the method of sterilizing before issuing.

From the foregoing facts there is sufficient conclusive evidence to formulate the following recommendations:

A. 1. Standardization of essentiality for use in: (a) operating-room; (b) case room; (c) extensive contaminated wounds; (d) acute respiratory infections; (e) medical aseptic care of acutely ill, irrational, unco-operative, and

non-educated patient with sputum positive for *Tubercle bacillus*.

2. Length of time permitted for single effective use not to exceed three hours, i.e., only if mask is worn continuously. Research by Parke, Davis & Company has shown that a wet mask is dangerous.

3. Type of mask—The one single type of mask most frequently used is that made by Bauer & Black. To be effective a mask must have a high bacterial filtering efficiency, and a low resistance to air flow. These qualities are present in the above mask to the extent of 95 per cent filtering power of air expelled by the wearer as proven by research conducted by Parke, Davis & Company.

B. The allocation of one central unit for washing, treating, autoclaving, and re-issuing of masks.

C. Indiscriminate use of masks be discouraged where protection to nurse or patient may be secured by greater stress being placed on benefits derived from: (1) Frequent washing of hands and face not only of nurse but patient as well. (Reference: Botzold, V., How Safe is a Mask. *American Journal of Nursing*, 1943, p. 59.) (2) Weekly throat cultures of nurses assigned to following duties: (a) surgical dressings; (b) perineal dressings; (c) nurseries; and that further protection be obtained by absolute lack of conversation between nurse and patient. The expense entailed in this procedure would seem minimal as compared with frequent replacements of already diminishing supplies. Such recommendations should discourage the frequent and highly undesirable habit of repeated use of a soiled mask which is so prevalent at the present time.

In conclusion, additional activities undertaken by the Committees on Instruction during the past two years include:

Quebec—(1) A comprehensive study of the proposed type of examination for final year registration for student nurses. (2) The study of uniformity, safety, efficiency, and simplicity in teaching isolation technique is to be continued in the fall of 1946.

Ontario—Members have worked on standardization of: (a) surgical scrubbing of hands; (b) hypodermic injection. Unquestionably other provinces have undertaken some form of study, but to date have not reported.

GWLADWEN JONES
Convener

Public Health Section

The past biennium has been one of gratifying progress and unification for the Public Health Section. The provincial sections without exception have been extremely active, and at the same time they have been enabled to keep in touch with each other's activities by means of regular progress reports sent out by the executive of the national section. These reports, in addition to provincial news notes, include the minutes of each executive meeting as well as information regarding the activities and objectives of the executive of the C.N.A., in so far as they pertain to the Public Health Section.

Marked progress has been made during this biennium in meeting the problems of industrial nurses. Through a recommendation sent by the executive of the national section to each provincial section, it was urged that a concerted effort be made to organize the industrial nurses of each province into sub-sections of the Public Health Section. The recommendation met with full approval and definite action in response to it has already been reported from several provinces. The others are expected to follow suit as the various sections complete other projects upon which they are concentrating at the present time. In addition, a standing committee on industrial nursing has been duly approved and formed as one of the standing committees of the national Public Health Section and, already, with Miss Frances Harris, consultant, Industrial Nursing Division of the Division of Industrial Hygiene of the National Department of Health and Welfare at the helm, it is at work on problems referred to it by the executive of the national section.

The Education Committee has had as

its project during this biennium, a study on "The Use of Volunteers in Public Health Nursing", and it reports that this is in the process of being compiled into its final form for presentation at the biennial meeting.

The Publications Committee has managed to keep fairly happy, By circulating to every province at the beginning of the biennium a resolution making the provincial sections responsible for contributing a requisite number of articles to *The Canadian Nurse*, it has been able to keep the Public Health Section's pages well filled.

The latest project undertaken by the executive of the national section is the compilation of a list of agencies and companies from whom public health nurses may obtain illustrative material and teaching devices, and it is expected that this will be ready for publication soon in *The Canadian Nurse*.

The executive of the national section requests semi-annual reports from the provincial sections and these have revealed so many outstanding developments during the past two years that only the highlights can be mentioned here:

British Columbia is outstanding in that it was the first province to form a sub-section for industrial nurses, and, in spite of the recent reduction in industrial activity in the province, the industrial nurses' sub-section is retaining its identity under the Public Health Section.

Alberta has also been active in the industrial nursing field, and a course for industrial nurses was very successfully conducted in both the north and the south of the province in the fall of 1945.

Saskatchewan reports that all chapters of the provincial association have devoted one or two of their regular meetings to public health while the Public Health Section has been concentrating on a generalized study of community needs.

Manitoba has been taking an active interest in the Manitoba Student Nurses' Association while the industrial nurses of that province are also making an all-out effort to form a sub-section.

Ontario reports the formation of an eminently competent committee to study "The Role and Status of the Public Health Nurse in Schools of Nursing." This is a very pertinent problem and Ontario is to be congratulated on being the first province to undertake its study.

Quebec has been making rapid and important strides in the unification of public health nurses and the Public Health Section has been completely re-organized in conjunction with the organization of the twelve new provincial association districts. In each of these districts there is now a public health representative who automatically becomes an ex-officio member of the executive of the Public Health Section. The minutes of the executive meetings went out to all districts and English and French-speaking public health sections held both joint and separate meetings.

Nova Scotia sponsored an effective refresher course on the principles of public health nursing in both Halifax and Sydney in the spring of 1945, and it has since recommended to the provincial association that one meeting a year of each of its branches be devoted to public health problems.

New Brunswick has taken the lead in the field of publications. It is publishing a regular bulletin which is proving a highly effective and entertaining means of keeping members informed on section activities. Also a new sub-section, comprising a joint group of public health nurses from border counties of Nova Scotia and New Brunswick, has now been formed.

Prince Edward Island is distinguishing itself by devoting serious consideration to the possibility of the writing of a history of public health nursing in that province and already it reports volunteers for the assembling of the necessary material.

Over and above the mentioned activities and their usual routine duties, several provinces have assembled libraries designed to meet the needs of their members for professional information while others have conducted studies and surveys pertinent to their particular provincial problems.

HELEN G. MCARTHUR
Chairman

If you have genius, industry will improve it; if you have none, industry will supply its place.

—SIR JOSHUA REYNOLDS

British Nurses Relief Fund

Since the last biennial meeting, the demands on this fund have been varied as a result of the rapidly changing world picture. It may be remembered that, immediately after the last meeting, information was received of the devastating damage caused by robot bombing in London and southern England. At that time, the Royal College of Nursing placed fairly substantial sums of money at the disposal of matrons of bombed hospitals "in order to cover the cost of *immediate* necessities for nurses who had lost all their possessions." These grants were made from the Civilian Nurses Air Raid Fund which is made up of donations from the national nurses' associations of the various Dominions. On receipt of this information the president (C.N.A.), at the request of the Committee, authorized the cabling of $5,000 "for relief of nursing staffs in bombed areas," and expressed the distress and sympathy of Canadian nurses. This cable was gratefully acknowledged. To quote from the letter confirming receipt of the gift:

"I think that immediate help is one of the things for which nurses are most grateful. When you suddenly find yourself without even a toothbrush or a spare hairpin the feeling that someone has thought of you with shopping money is of as great moral value as it is of practical help."

The British Red Cross representative to Washington, who was visiting in Canada at that time, in describing the situation said, "In England today, it requires but a split second to leave a person without anything in the world." This was only two years ago and today—1946—we find the needs of our sister nurses in Britain and Europe of a completely different type. During the latter part of 1944, assistance was given to three Canadian nurses repatriated from the Orient.

March, 1945, saw robot bombing almost continuously for nearly five weeks and your committee recommended a further donation of $3,000 to $5,000, realizing that both personal injury and property damage had reached a point of great gravity. It was decided to send $5,000. This sum was cabled and acknowledged by the secretary of the College, Frances Goodall, who said, "We are deeply grateful for this magnificent gift and would ask you to convey our sincere thanks to your members who have made these donations possible."

In August, 1945, a nurse repatriated from the Philippines was contacted and assistance given to replace uniforms. This nurse has now returned to Manila to resume work.

In July, 1945, the social and physical needs of the various countries in Europe became known and through I.C.N. we were asked to adopt the nurses of the Netherlands. Their needs were extreme for all types of uniforms and shoes. At that time, unfortunately, new uniforms and shoes were prohibitive, but a drive was made for used coats and capes. This drive was most successful and tremendously appreciated. Altogether 29 boxes and 20 bales, containing 1,219 coats and 447 capes, were sent and, happily, through the American Relief to the Netherlands, a shipment of nearly 15,000 pairs of shoes was sent later. Individual food parcels have also gone forward from local nurses' associations and student groups. It is impossible to express the gratitude of the nurses of the Netherlands for this overture and letters from their president and members have been received, expressing deep appreciation.

The original request was for 25,000 uniforms, shoes, and stockings. Because of UNRRA's priority on all textiles, the Department of National War Services gave permission only for the following to be sent to nurses in Holland: 1,000 used nurses coats, 500 used nurses capes, 100 packages of needles, 50,000 buttons. C.N.A. members will have read of the response to this appeal and it is to the Montreal Committee that we are indebted for the collecting and packing. The president and general secretary gave much time and thought to the dispatching of this shipment including the purchase of needles, buttons, etc.

It had been decided to set an objective of $50,000 to meet the needs of nurses in countries where assistance was required, but this was not put into effect owing to government restrictions. In December, 1945, Miss Hall received a letter and financial statement from Miss Goodall, secretary of the Royal College of Nursing, showing that 461 nurses had been helped at a cost of £12,227, and a total of

BRITISH NURSES RELIEF FUND

FINANCIAL STATEMENT FOR 1944-45

(From Auditor's Reports)

Balance at January 1, 1944	—	$23,006.48	
Receipts—1944	$2,616.50		
—1945	462.03	3,078.53	
Bank interest—1944	67.53		
—1945	43.38	110.91	
Bond interest			
$5,000 Dominion of Canada 3% Bonds			
—1944	150.00		
—1945	150.00	300.00	$26,495.92
Disbursements:			
1944			
Remittance to London, England,	9,000.00		
Grants to repatriated nurses	800.00		
Cost of cablegrams and bank collection charges	9.50	9,809.50	
1945			
Remittance to London, England	5,000.00		
Cost of cablegrams, bank collection charges and freight on clothing parcels.	186.49	5,186.49	14,995.99
			$11,499.93

Balance at December 31, 1945

Invested as follows:		
Dominion of Canada 3% Bonds, due 1957	$5,000.00	
Bank balance at December 31, 1945	6,499.93	$11,499.93

Financial Statement, January 1-May 15, 1946

Balance at January 1, 1946, as above	$6,499.93	
Receipts	764.25	
Bond interest	75.00	$ 7,339.18
Expenditures—miscellaneous		33.06
Balance as at May 15, 1946		$ 7,306.12
Dominion of Canada 3% Bonds, due 1957		5,000.00
		$12,306.12

£27,914 had been paid into the Civilian Nurses Air Raid Fund. Of this amount, Canada had sent £10,040.

Miss Goodall gave case histories of several nurses who had lost limbs, or had been otherwise permanently injured and who could no longer pursue nursing as a profession, but, who, through the fund, had received vocational training as masseuses, etc. She also outlined some of the projects they hoped to assist in with the balance of the fund.

These were presented with recommendations or suggestions to the C.N.A. executive at its March, 1946, meeting as it was realized that many of the British nurse air raid victims, and those whose health had been permanently and adversely affected by war, would require assistance for many years. It was also suggested that financial assistance be given to the proposed Rest Homes in Britain for those nurses whose health is impaired and are in need of this type of recuperation. Thoughtful suggestions were received from some of the provinces relative

to educational assistance, realizing that professional teaching programs had been greatly disrupted during war years. It has, therefore, been decided that:

1. The British Nurses Relief Fund be continued and that additional funds be raised in order to assist with urgent needs as these present themselves.

2. Permission be granted Miss Goodall to use monies on hand in England of the B.N.R.F. towards the provision of homes for British nurses for short rest periods and recuperation following illness.

It will be seen by the foregoing that the executive of the C.N.A. is more than conscious of its responsibility to those nurses in other lands who have suffered mentally and physically during the long war years and that it feels assured of the continued support of the membership at large through the provincial associations.

The most recent communication has been received from Miss Y. Hentsch, chief, Nursing Division, League of Red Cross Societies, enclosing a list of names of nurses who are patients in sanatoria in Switzerland, suggesting certain comforts which might be sent to them and which would be most acceptable. These lists have been sent to the provincial associations.

GRACE M. FAIRLEY
Convener

Bursary Award Committee

In earlier reports it has been stated that an ever-increasing portion of the Government Grant has been set aside for bursaries. These bursaries have been invaluable in preparing nurses to assume positions of responsibility. In 1944-45 the total allocation for bursaries was $75,000, which was disbursed as indicated.

	Total Bursaries	*Travelling Expenses*	*No. of Awards*
Long-term	$58,700	$1,757.34	125
Short-term	11,205	3,022.01	71
Total	$69.905	$4,779.35	196

Sixty-three recipients received assistance with travelling expenses.

In 1945-46, with V-E Day a reality, V-J Day in sight, and the needs of civilian Canada greater than ever, we hoped that once more the Government Grant would be available and that an appropriate amount would be set aside for bursaries. In May, 1945, however, five-twelfths of the amount of the previous year's Government Grant allocation was approved, the remainder to be voted upon by the Government after the general election. As the political picture changed, so too changed the emphasis on nursing, and five-twelfths, or $104,170, represented the

	Total Bursaries	*Travelling Expenses*	*No. of Awards*
Long-term	$25,913.55	$830	66
Short-term	3,073.45	150	29
Total	$28.987.00	$980	95
Travelling expenses	980.00		
Exchange on cheques	33.00		
	$30,000.00		

total Government Grant. Of that amount, $30,000 was set aside for bursaries—$29,000 for long and short-term bursaries and $1,000 for assistance with travelling expenses. The second table shows our allocations.

The members of the national Bursary Award Committee appreciate very greatly the understanding and co-operation of the provincial committees in making these awards.

CATHERINE L. TOWNSEND
Convener

Canadian Nurses Association Loan Fund

BIENNIAL FINANCIAL STATMENT

June 1, 1944—May 15, 1946

Bank balance, May 31, 1944		$5,037.09
Receipts:		
Bank interest		42.87
Loan repayments		5,097.88
		$10,177.84
Disbursements:		
Loans granted	$3,978.95	
Miscellaneous disbursenemt	2.00	3,980.95
Bank balance, May 15, 1946		$ 6,196.89

CATHERINE L. TOWNSEND
Convener
Bursary Award Committee (Loan Fund)

Canadian Florence Nightingale Memorial Committee

This committee is set up on the pattern approved by the Florence Nightingale International Foundation, i.e., a committee composed jointly of members of the C.N.A. and the Canadian Red Cross Society. At the time of the biennial meeting of the C.N.A. in Winnipeg in 1944, the following committee was appointed: Misses G. Fairley, C. McCorquodale, G. Hall, J. Masten, chairman, appointed by the C.N.A., Miss K. Russell, Mmes Thom, Plumptre, replaced in March, 1945, by Miss J. Browne, appointed by the Canadian Red Cross Society.

On March 19, 1945, the committee met informally in Toronto with Mrs. Maynard Carter, chairman, Committee of Management, Florence Nightingale International Foundation, who visited Canada and the United States. Discussion centered around the need for re-organization of the Florence Nightingale International Foundation. A formal meeting of the committee was held in Toronto on March 23, 1945.

A joint conference of representatives of the Canadian Nurses Association and of the Canadian and American committees of the Florence Nightingale International Foundation was held in New York on May 4, 1945, and motion was adopted in the following form:

That the members of the American and Canadian Florence Nightingale committees, meeting in joint session, recommend to their

respective associations (American Nurses' Association and Canadian Nurses Association) that they petition the International Council of Nurses:

1. To explore the possibilities of re-organizing the form of the Nightingale Memorial in order that it be adapted to present and future world needs.

2. To organize the memorial in such a way that it will be controlled directly by the I.C.N.

3. To explore the method by which the present F.N.I.F. can be replaced by this newly-proposed form of organization for the Nightingale Memorial.

The Executive Committee of the Canadian Nurses Association endorsed this resolution which was subsequently forwarded to the International Council of Nurses. It was expected that similar action would be taken by the American Nightingale Committee and the American Nurses' Association but to date this has not been done.

On April 23, 1946, the Canadian committee met again in Toronto. Mlle Mechelynck, of Brussels, Belgium, and Miss Kessel, of Oslo, Norway, who were studying at the University of Toronto School of Nursing, were also invited to be present. The following resolution was submitted and duly approved:

"That the Florence Nightingale International Foundation be requested to consider the possibility of dissolving the present Foundation, thereby leaving the way clear for the International Council of Nurses to organize the fullest possible program of international nursing education."

In making the above recommendation, the committee had in mind that the International Council of Nurses would use existing facilities in all parts of the world in its educational program and would not initiate a course or courses of its own. The committee had no thought of abandoning a memorial to Florence Nightingale, but rather that the memorial should take the form of scholarships and fellowships which would be administered by the International Council of Nurses.

It was further resolved that the two representatives to the meeting of the Grand Council of the Florence Nightingale International Foundation, to be held in London in September, 1946, should be Miss E. K. Russell and Miss Gertrude Hall. Miss Fairley will also be in London at that time for the Grand Council meeting of the I.C.N. It is expected that the whole meeting will consist of discussion regarding the past and future organization of the memorial.

Financial Statement: In August, 1945 $730 was forwarded to the Florence Nightingale International Foundation, from the sum standing to its credit in Canada; $2,500 remains in Canada in 3 per cent Dominion of Canada bonds, maturing in 1951. This money completes the total amount of the pledges made by the C.N.A. to the Foundation.

JEAN I. MASTEN
Convener

Exchange of Nurses Committee

Owing to the resignation of the convener of this committee, which has included the activities of the British Civil Nursing Reserve, I beg to submit the report:

British Civil Nursing Reserve: On October 27, 1944, Dame Katherine C. Watt, Chief Nursing Officer for the British Ministry of Health, wrote as follows: "We have been reviewing the arrangements under which Canadian trained nurses have been coming to this country to take up employment as members of the Civil Nursing Reserve, and we now feel that, in view of the developments in the war situation, the time has come when the arrangements can be brought to an end. Any nurse whom you have already accepted we shall be glad to have, but we suggest that further recruitment should now be discontinued."

Upon receipt of this letter, the general secretary was requested to obtain from Dame Watt a report on the work of the fifty-three nurses who served under the British Civil Nuring Reserve. Dame Watt very graciously complied with our request and commented as follows: "Most of the reports are very good and

I would like to endorse that, with a few exceptions, the work and conduct of these ladies while on duty has been good. Most of the troubles which have arisen have been in the personal side owing to the wish for transfer nearer their husbands and friends, and this I have to a great extent understood as these ladies were married and their loyalties were divided between their hospital duties and their husbands."

On November 9, 1944, the general secretary notified the office of the High Commissioner for the United Kingdom of the decision to discontinue recruitment of nurses for the British Civil Nursing Reserve and received a letter of acknowledgement, expressing the gratitude of the British Ministry of Health and of the High Commissioner for the services rendered by the nurses of Canada, and to the C.N.A. for their part in carrying out the recruitment program.

We regret to announce the resignation of Miss M. K. Holt, who was convener of this committee for the past two years. This resignation was submitted to the Executive Committee of the C.N.A. in March, 1946, and it was decided that National Office secretarial staff should carry the work of the committee until a new convener is appointed.

GERTRUDE M. HALL
General Secretary, C.N.A.

Government Grant Committee

During the past biennium the Canadian Nurses Association received Federal Grants for nursing as follows:

1944-45	$250,000
1945-46	159,970

These funds were allocated as indicated by the accompanying table.

	1944-45	1945-46
1. Administration (National Office)	$ 20,000	$ 20,000
2. Preparation of supervisors, teachers and public health nurses (bursaries)	75,000	30,000
3. Recruitment of students and training of student nurses	125,000	
4. Schools and departments of nursing in universities	30,000	(3 and 4) 54,170
	$ 250,000	$104,170
In 1945-46 we requested a Federal Grant of $250,000 but received only $104,170, which represented five-twelfths of the amount asked. An additional grant of ..... was later made to schools of nursing, making a total for 1945-46 of		55,800 $159,970

In August, 1945 the general secretary was advised by the Minister of Health and Welfare of the decision of the Federal Government to discontinue the 1945-46 Grant after payment of the first instalment. Representation was then made to the Minister stressing the need for further financial assistance in order that important projects, already undertaken through the medium of Government Grant funds, might be completed. It was finally decided to disallow further payments based on the original budgets submitted, with the provision, however, that amounts budgeted for schools of nursing to cover increased enrolment of students up to August 15, 1945, should be granted in an amount of $55,800 for the period September 1, 1945, to March 31, 1946.

Provincial registered nurses' associations were requested to submit budgets for schools of nursing covering the period April 1, 1946 to August, 1948. Two provinces did not ask for further financial assistance, and the bud-

gets submitted by the remaining seven provinces were forwarded to the Department of National Health and Welfare. The total requested for this period amounts to $98,050.40.

At the time of writing this report, there remains in the Government Grant account of the C.N.A. an unused balance of $15,818.45 carried forward from outstanding balances of provincial and national allocations in previous years, not including, however, the year 1945-46. This sum cannot be expended until a clearance is received from the Federal Government.

On May 11, 1946, a cheque was received for $12,913, representing one-quarter of the Grant requested for schools of nursing for 1946-47.

FANNY MUNROE
Convener

Committee on Health Insurance and Nursing Service

The main function of this committee is to study and to keep in touch with health insurance schemes and to have information available as may be required by either the C.N.A. or the provincial associations in respect to nursing services in health insurance plans. The chairmen of the provincial Health Insurance Committees and a representative from each of the three national sections are members of the committee. Attendance at meetings usually is confined to those within a reasonable distance of Montreal.

The interests and the activities of your committee during the 1944-46 biennium have pivoted around the following headings:

1. *The recent proposals of the Government of Canada regarding health insurance:* It will be remembered that during the 1942-44 biennium a draft health insurance bill was prepared by an advisory committee on health insurance. Later it was presented to the Special House Committee on Social Security. Both during the preparation and the study of this draft bill not only was a brief on nursing service submitted by the C.N.A. but the association had conferences with and made recommendations to the appropriate groups regarding the nursing aspects of a national health insurance bill. The draft health insurance bill as revised was presented to the House of Commons in July, 1944, with the recommendation that it be referred to the forthcoming Dominion-Provincial Conference for consideration of its general principles and the financial arrangements involved. These were years of considerable activity on the part of the Committee on Health Insurance and Nursing Service. The committee is now awaiting developments which may arise out of the Dominion-Provincial Conference.

A Dominion-Provincial Conference did not materialize in 1944 but, in August, 1945, the Dominion-Provincial Conference on Reconstruction was called to consider the proposals of the Government of Canada. In these plans, health is included as one of the divisions proposed under social security. The 1944 draft health insurance bill, as such, was scrapped and health insurance became a part of the national health program proposal. Much of the draft bill was included in the new proposal. Under the present scheme, a planning and organization grant is to be made available to the provinces to assist in preparing plans for health insurance programs; the development of services is divided into two stages; a time-limit for the establishing of services is defined; health insurance can be introduced by progressive stages on an agreed basis; the scheme is sufficiently flexible to allow for the assimilation of approved existing provincial health services, and there is an arrangement for financial assistance in the construction of hospitals. For further detail see the 1945 proposals of the Government of Canada.

The Committee on Health Insurance and Nursing Service reviewed the proposal on health insurance. It was felt that it was a progressive one and, when fully implemented, it would increase the quantity as well as heighten the quality of medical services for the people of Canada. The nursing benefits were the same as in the draft health insurance bill, with the exception that only visiting nursing service was included in the first stage. Therefore, it was decided to confine an approach from the C.N.A. to a request to the Deputy Minister of Health that, should a committee be appointed to study the pro-

posal on health insurance, there be included representation from the Health Insurance and Nursing Service committee of the C.N.A.

2. *The cost of nursing services:*

(a) *United States:* The committee is interested in the cost of nursing service in medical care programs and various inquiries have been made in the United States regarding such studies. Although a study has not been completed, one is at present underway. The American Nurses' Association and the National Organization for Public Health Nursing have appointed a joint committee to develop a guide for the inclusion of nursing benefits in prepayment medical care programs, either voluntary or compulsory. They are interested in determining not only the content and scope of nursing in existing medical care plans but in studying what would constitute adequate nursing service as well as the cost involved. The Health Insurance and Nursing Service Committee felt that, as the C.N.A. is so vitally interested in the cost of such a service, the findings of this committee would be invaluable to our association. As a result the C.N.A. has approached the joint committee and has received a copy of their plan of study as well as permission for the chairman of your committee to attend such of their meetings as may be of interest to our association.

(b) *Visiting nursing service:* A study of the volume of the cost of visiting nursing service in twenty-five branches of the Victorian Order of Nurses for Canada has been made available to the committee. The study is broken down into the average number of cases, the average number of visits, and the cost of service per thousand of population. As visiting nursing is included in the first stage of the Dominion Government's proposal for health insurance, this reliable information is timely and the committee appreciated having access to it.

(c) *Nursing service in hospital:* A study of the cost of nursing service in hospital is not a responsibility of the Health Insurance and Nursing Service Committee. However, the need for one was constantly arising in committee meetings and, even although it was recognized that such a study would be both time-consuming and costly, the question of making one was referred to the executive of the C.N.A. The executive decided a study could not be made until either adequate financial assistance is available or there is an opportunity to work with other interested groups outside the C.N.A. on such a study.

3. *Activities of provincial associations:* The provincial committees on Health Insurance and Nursing Service report as follows:

British Columbia: The committee in this province has been very active. The statistical study prepared by the national committee has been completed and certain of the findings are now being used in a current study of public health needs throughout the entire province. The British Columbia committee feels that this study is essential if effective plans are to be made for a public health nursing service, including bedside nursing, in a health insurance scheme. Since 1944, a joint study committee on health insurance, composed of representatives from the British Columbia Medical Association, the Registered Nurses' Association of British Columbia, and the pharmaceutical, dental, and British Columbia hospitals associations, has functioned. This committee has afforded an ideal opportunity for the groups, so primarily concerned with health insurance, to study together the different aspects of this form of social security.

Alberta: The Alberta Health Insurance Act, which will come into force upon proclamation, was passed this spring.

Saskatchewan: A Health Services Act which will provide, when implemented, a complete health coverage, was passed this spring.

Manitoba: The Health Services Act which will provide, when implemented, preventive, diagnostic, curative, and hospital services, was passed this spring.

Quebec: The English section of the Committee on Health Insurance and Nursing Service requested the provincial government that, if and when a planning and organization grant is available, a proportion of it be directed towards a study of nursing services to be made by the R.N.A.P.Q., and that if an organization committee is set up by the provincial government, it include nursing representation approved by the R.N.A.P.Q.

Prince Edward Island: A brief regarding nursing service in a health insurance scheme was presented to the provincial government by the P.E.I.R.N.A.

Several of the provincial committees have studied the health insurance proposal which was presented to the Dominion-Provincial Conference on Reconstruction in August, 1945.

ETHEL CRYDERMAN
Convener

History of Nursing Committee

You will recall that the selection of Dr. J. Murray Gibbon as the author to collaborate in the writing of our history was announced at the biennial meeting in Winnipeg in 1944. Dr. Gibbon began to work on the project in the autumn of 1944 and in the intervening months has completed his task. The finished manuscript was approved by the committee at a meeting held in Toronto in October, 1945. This action was ratified by the Executive Committee of the Canadian Nurses Association and the manuscript was handed to The Macmillan Company of Canada in November when Dr. Gibbon, the secretary and the convener of this committee, held a very satisfactory conference with Miss Elliott, director-secretary of the company, and Mr. Graves, the production manager. The manuscript was later read by the representatives of the company and accepted for publication.

For the purpose of record, the terms which had been agreed upon earlier provided that the Macmillan Company publish the history at their own expense, that a royalty of 10 per cent be paid to the author, and that, after the first year's sales, a royalty of 2 per cent be paid to the Canadian Nurses Association. In order to ensure liberal illustration of the book, the Canadian Nurses Association agreed to pay up to five hundred dollars to cover the cost of additional cuts and thus keep the selling price within limits which will ensure its general use in schools of nursing.

It was hoped that the book would be in your hands at this time, but unfavorable conditions in the printing and binding trades have made this an impossibility. The publishers now report that the history will be ready for distribution in October.

The History of Nursing Committee has almost completed the task assigned to it when appointed after the biennial meeting in 1938. When the book has actually been issued, it would seem that the committee should wind up its affairs and return the material which the provincial associations collected and lent to the C.N.A. for use in preparing the history. It is hoped that these files will then be used by the provincial associations to form the nucleus of permanent history of nursing archives, and that new material will be added from time to time. Without this material, our story could not have been told, for the history of nursing in Canada is the history of nursing in the nine provinces.

In view of the fact that it has been impossible to include in a general history all the data which was supplied, your committee has one further suggestion to make, namely, that consideration be given to the possibility of preparing, at a later time, a series of history of nursing pamphlets or calendars similar to the type issued at one time by the National League of Nursing Education. These might deal with such topics as hospitals, nursing schools, public health nursing services, and leaders in Canadian nursing. These publications would undoubtedly be of interest to the profession at large, and would be invaluable to instructors in schools of nursing. They would in no way substitute for the history, but would supplement it.

In closing this report, may I again express the gratitude of your committee to Dr. Gibbon. It has been my privilege to work very closely with him during the past two years, and his tolerance and understanding have been remarkable. In spite of the filing cases of material supplied to him there were so many gaps in our story. These he has filled himself during his travels to every corner of the country. The number of contacts which he has made and the correspondence which he has carried on are almost unbelievable. His knowledge of Canada and Canadians, his interest, experience, and skill have made possible a record of nursing in Canada of which every Canadian nurse may well be proud. We owe him a great debt of gratitude, and hope that the days of his years may be so full of good health, that he may not need to call upon any of us for our professional skills.

MARY S. MATHEWSON
Convener

If you don't get everything you want, think of the things you don't get that you don't want.

—SOCRATES

Labor Relations Committee

In June, 1944, your Labor Relations Committee presented its first report. The questions studied by this committee were:

1. Methods of collective bargaining for nurses—the approval by the C.N.A. of the principle that nurses should bargain collectively was reported at that time.
2. The professional status of nurses in reference to labor legislation.
3. The affiliation of nurses with Trades and Labor Unions.
4. Labor legislation that affects or may affect nurses or nursing service.

The committee first recommended to each province that a provincial labor relations committee be set up as distinct from their legislation committee; that each provincial office subscribe to their provincial *Labor Gazette;* and that each provincial labor relations committee retain a legal adviser. These recommendations have been carried out in all provinces that have reported to date.

Methods of Collective Bargaining for Nurses

Considerable time was given to the study of this question, both by the national and provincial committees. While the committee has not received a report from every province, it has been definitely accepted by the national committee that collective bargaining and personnel practice for nurses should be kept within their own association if possible, if not, within their own profession. A suggested method of carrying out this recommendation was contained in the report of this committee to the Executive Committee, C.N.A., June 1, 1945.

Professional Status of Nurses

Information which has come to this committee indicates that, in the majority of provinces, nursing is not defined legally as a profession and that in order to have nursing so defined it would be necessary to have Nurse Practice Acts passed in each province. This will be reported on by your Legislation Committee.

Affiliation of Nurses with Trades and Labor Unions

This matter has and is causing your committee considerable concern. The committee agreed that affiliation with a union cannot offer to nurses for collective bargaining, the understanding and strength that they have in their own profession; that the organization of trade unions, with the use of the strike as a legal weapon of collective bargaining, is not applicable to nursing service. Therefore, union affiliation should not be sought by nurses for the purpose of collective bargaining. It is recognized by your committee that trade unions have demonstrated their interest in health and welfare services and that, under certain conditions, usually through employees' association, union affiliation for nurses from a public relations and public understanding veiwpoint may be indicated. Your committee feels that in order to preserve unity, this affiliation should only be undertaken by nurses with the considered approval of their professional association.

The following resolution is submitted from the committee where it was moved by Miss M. Kerr, seconded by Miss M. Mathewson:

Whereas there is a trend among nurses today to become affiliated with labor unions whose legal weapon is the strike ballot, and

Whereas the universally accepted principle of nursing service is to ensure that there shall be no interruption in essential nursing care,

Be it resolved, That the Canadian Nurses Association in convention assembled go on record as being opposed to any nurse going on strike at any time for any cause. Carried.

Other Labor Legislation

It has been the experience of the provincial labor relations committees that various forms of labor legislation affect and may affect nurses, notably, wage control orders, minimum wage legislation, workmen's compensation acts, and unemployment insurance. In reference to unemployment insurance and workmen's compensation acts, the Labor Relations Committee submit the following resolutions. It was moved by Miss M. Mathewson, seconded by Miss M. Macfarland that:

Because of evidence in correspondence from the provincial associations that there is need for clarification of the whole situation relating to unemployment insurance and its implications for nurses,

Be it resolved, That a memorandum, comparable to the material sent out regarding collective bargaining, be prepared and sent to all provincial labor relations committees. This memorandum should emphasize the importance of: (a) developing an informed nursing opinion in this regard; (b) determining whether or not nurses wish to accept their responsibilities as citizens for this and other legislation affecting security measures, or whether they wish to seek exception as a preferred group; (c) studying the actual terms of the act; (d) securing clarification in interpreting the provisions on a regional basis; (e) determine the benefits which nurses may receive under this act. Carried.

It was moved by Miss M. Kerr, seconded by Miss E. Rocque that:

The attention of the provincial associations be directed to the advisability of a detailed study being made of the Workmen's Compensation Legislation effective in their province, to determine the possibility of all nurses engaged in hospital work, including both students and graduates, and the staffs of public health organizations, being eligible for benefits under the Workmen's Compensation Act. Carried.

Your national committee notes with satisfaction the interest of the provincial committees in all matters that concern personnel practice and legislation that affects working conditions for nurses.

The Labor Relations Committee of the C.N.A. feels that the acceptance by our professional associations of this responsibility will preserve the unity of the nursing profession which is essential to good nursing service for the people of Canada.

ESTHER M. BEITH
Convener

Committee on Legislation

In accordance with instructions received from the Executive Committee, C.N.A., in session June, 1944, and October, 1944, the Legislation Committee engaged the firm of Heward, Holden, Hutchison, Cliff, Meredith and Collins, as legal counsel, and Mr. Fred. T. Collins, K.C., now Judge Collins, has acted as legal adviser to this association on behalf of his firm.

After consultation with the legal adviser, the convener of the Legislation Committee presented a memorandum to the Executive Committee in October, 1944, outlining the major points to be decided upon before proceeding with the drafting of the proposed revision of the Constitution and By-laws. The decisions of the executive on these points were incorporated in the first draft revision of the Proposed Constitution, C.N.A., and submitted to the provincial legislation committees in September, 1945, for general study and with special consideration regarding: (1) its legal relationship to each provincial act; and (2) its adaptability for effective functioning of professional interests.

The comments and suggestions received from the provincial legislation committees were considered by the executive and on their authority a second draft revision of the Constitution and By-laws was prepared and submitted to the provincial registered nurses' associations under date of February 15, 1946.

Further changes, authorized by the Executive Committee in March, 1946, were duly incorporated and these changes were sent to the provincial registered nurses' associations for their information. The final revision of the proposed Constitution and By-laws of the Canadian Nurses Association was published in *The Canadian Nurse* in June, 1946, for the information of all members before attending the general meeting.

EILEEN C. FLANAGAN
Convener

Fortune never helps a man whose courage fails.

—SOPHOCLES

Liaison Committee-Canadian Medical Procurement and Assignment Board and National Selective Service

The Liaison Committee came into being as a result of the following motions passed at the Executive Committee meeting, C.N.A., held on March 10 and 11, 1944:

Motion 1. "That in the national field the Canadian Nurses Association for the present maintain a liaison relationship, both with the Canadian Medical Procurement and Assignment Board and the National Selective Service."

Motion 2. "That the Executive Committee, C.N.A., appoint a committee of three members to be liaison with the C.M.P. & A.B. and National Selective Service to deal with nursing matters."

Motion 3. "That the sub-committee of the Government Grant Committee be given authority to appoint at an early date the Advisory Council which is to act as liaison to National Selective Service and the Canadian Medical Procurement and Assignment Board."

The committee met on four occasions immediately following the last biennial convention. Discussion at each of these meetings centered about the hospital personnel shortages in general, and the effect of such shortages on nursing. These shortages were most serious in mental and tuberculosis hospitals. Suggestions were made to assist in meeting nursing needs. These included:

1. Deferment of military call-up for six months after graduation.
2. Deferment of acceptance on private duty registries for six months after graduation.
3. Issuance of permits, which have to be renewed at stated periods, to private duty nurses.
4. The extended use of St. John Ambulance Brigade and Red Cross Corps V.A.D.'s, with the government paying a wage differential for this group.

The last meeting of this committee was called in February, 1945, when the nursing situation was again reviewed and the continued shortage of nurses in all fields of nursing was considered. It was then decided to again circularize all hospitals and nurses registries. The circular letter sent to hospitals contained information and suggestions on the dilution of professional nursing staff by the use of subsidiary workers. The co-operation of the nurses' registries was sought and National Selective Service expressed their williness to pay supplementary allowances to general duty nurses not presently engaged in hospital work, on a somewhat broader scale than proposed previously.

In reviewing the nursing situation during the latter period of the war, one questions the effectiveness of this committee's activities. The shortages still continue and the situation has not materially improved. The complexity of the problems in nursing service continue to be a matter of grave concern. With the dissolution of the Women's Branch of National Selective Service and Mrs. Eaton's departure from Ottawa, the committee automatically dissolves.

FANNY MUNROE
Convener

Committee for Nurse Representation on Dominion Health Council

There exists in Canada, a Dominion Health Council set up by Order-in-Council, consisting of: Deputy Minister of Pensions and National Health, Chief Executive Officer of the provincial Departments of Health in each province, and five other persons. It is understood that the five other persons are made up of those representing science, agriculture, labor, rural women and women's organizations, and child welfare. This Council meets once a year.

For about twenty-two years the Canadian Nurses Association has been making efforts to have representation on this Council, preferably by a public health nurse. Up to the present all efforts have failed. The arguments

against granting this representation to the C.N.A. are these:

1. If a public health nurse were to be added directly to the Council in her capacity as such, it would be reasonable also to appoint a doctor, a dentist, a representative of the Pharmaceutical Association, a social worker, etc. The basic principle has been that deputy ministers represent all health agencies in the provinces.

2. It is felt at the present time that it would not be warranted to increase the membership or change the type of personnel forming the Council, in view of the success of its operation under existing conditions.

At a meeting of the Executive Committee held immediately following the general meeting in 1942, a committee, representative of the three national sections of the C.N.A., was appointed to study the proposals in the following resolution passed at the general meeting:

WHEREAS there exists a Dominion Government Committee known as the Public Health Council, (Dominion Health Council),

Be it resolved, That the Canadian Nurses Association appoint a committee, representative of the three sections, to meet with women members of the Public Health Council in order to bring to the Council Canadian nursing opinion.

This committee recommended that such contacts should not be limited to women members although special approaches have been made through them. The following is a summary of the approaches that have been made: (1) by provincial nurses' associations to the Deputy Ministers of Health in all provinces; (2) to provincial representatives in the Federal House; (3) to such organizations as the Federation of Agriculture, Women's Institutes, etc.; (4) to the Deputy Minister of National Health; (5) to the Minister of National Health.

Most of the individuals or groups mentioned above have expressed interest in the matter, and in Manitoba the Manitoba Women's Institute passed a resolution recommending the appointment of a nurse to the Dominion Health Council.

The last approach was a formal one made in April, 1945, through the Hon. Brooke Claxton, Minister of National Health and Welfare, and was in the form of the following resolution:

That, as the Dominion Council of Health deals with health matters, with which the nursing profession is most vitally concerned, a representative of the Canadian Nurses Association, preferably an experienced public health nurse, be appointed as a member of the Dominion Council of Health.

The Dominion Council of Health meeting in Ottawa in May, 1945, considered this resolution of the C.N.A. and pssed the following resolution:

Be it resolved, by the Dominion Council of Health, assembled at Ottawa on May 28-29, 1945, That it is considered inadvisable to recommend increasing the membership of the Dominion Council of Health beyond that laid down by existing legislation.

Dr. G. B. Chisholm, Deputy Minister of National Health and Welfare, in submitting the resolution of the Council to the C.N.A., made the following comment:

"This is in line with the attitude of the Dominion Council of Health that no section of health personnel should be specifically represented on the Council."

It was with regret that the executive of the C.N.A. accepted the resignation of Miss Elizabeth Smellie as convener of the "Study Committee for Nurse Representation on the Dominion Health Council" effective April, 1945. At the executive meeting held in Montreal in November, 1945, I was asked to accept the convenership of this committee.

It would seem in the light of the summary given of the work done by Miss Smellie and her committee that practically every avenue of approach possible at the present time to secure representation on the Dominion Council of Health has been explored. In conclusion I should like to say that this meeting must consider whether or not it desires to continue this committee and if so what further work it can do.

RAE CHITTICK
Convener

The cultivation of an outside interest or hobby is just as important if not more important to a person's well-being than the mere acquisition of knowledge.

Committee on Placement Bureaux

This committee was appointed by the president early in 1944 and held its first meeting at the time of the 1944 biennial meeting in Winnipeg. At the executive meeting, immediately following the biennial, the convener was re-appointed and given permission to form a core committee and to further enlarge the committee by requesting each provincial association to appoint a member.

Miss Tittman's address at the biennial supplied a great amount of information about the development of nurse placement and counselling service in the United States, and supported the policy of placement bureaux financed by nursing association funds upon which the organization of the two provincial bureaux then in existence had been based. From the round table discussion held the following day, at which Miss Tittman was present, the following resolution was sent to the Executive Committee:

Be it resolved, That a special study be made of the establishment of a Central Clearance Bureau in National Office; this study to include: (1) The functions of a Central Clearance Bureau in the co-ordination and development of provincial bureaux; (2) means of financial support; (3) the advisability and the possibility of securing government aid; (4) the relationship of the provincial association to the regional placement office and the community registry.

This resolution was adopted by the Executive Committee. No definite steps were taken to implement the resolution until the following year, but in October, 1944, a resolution recommending "that immediate consideration be given to the appointment of a national co-ordinator or consultant at an early date" was forwarded to the Executive Committee, which decided "that the appointment of a person to organize and co-ordinate placement bureaux on a national basis be given further study by the general secretary, and that a report be made on this matter at the next executive meeting."

In April, 1945, the core committee members were privileged to meet with the general secretary, who reported rapid development of placement bureaux in the provinces. Discussion emphasized the need for consultant service being made available to provincial associations, and it was agreed that some modification of the proposal suggested in the October resolution was indicated. The following recommendation was sent to provincial representatives for approval and then forwarded to the Executive Committee:

"It is the opinion of this committee that present and future needs would best be met by a national consultant rather than a co-ordinator. If, in the opinion of the C.N.A. executive, the appointment of such a person on a full-time basis is not possible, the committee recommends that, for those provinces requiring assistance in the establishment of placement bureaux, consideration be given to the utilization on a part-time basis and in a consultant capacity of some one already experienced in this field."

It was decided at the June, 1945, executive meeting that the general secretary should serve in a consultant capacity to the provinces and that a two-week conference should be held for directors of placement bureaux. Plans for the conference were developed during the summer and, in September, a ten-day institute was held in Winnipeg. For this institute, the services of Dr. Frances O. Triggs, personnel consultant, American Nurses' Association, were secured. A report of the institute and an outline of a plan for placement service on a national basis, which was developed at the institute, were published in the February, 1946, issue of *The Canadian Nurse*.

In the proposed plan, the functions of the national bureau would be those of routing inter-provincial referrals, and of providing consultant service on matters of publicity, public relations, and general policy. The provincial placement director would be an itinerant officer, under whose direction the placement and counselling services within the province would be co-ordinated and who would be the inter-provincial and provincial-national referral agent. The local bureau, which might be a community or district bureau, would be the place from which a complete service could be made available to the public and to nurses.

The plan was presented to the executive at its November, 1945, meeting. The general principle of a national placement service was approved and the committee was directed to

refer the plan to the provincial associations, following which suggestions could be made as to possible immediate steps to be taken. Recommendations submitted to the executive in March, 1946, included:

1. That the National Office proceed with the preparation of three forms: (a) application form; (b) "position vacant" form; (c) reference or confidential report form.

2. That consideration be given to a job analysis of nursing positions and that, if undertaken, it be a co-operative project of the three interest groups—institutional, private duty, and public health.

These recommendations were adopted. No action was taken on other recommendations which were concerned with referrals through a national bureau and a publicity and public relations program, because of lack of personnel and funds.

The biennium now completed has witnessed marked progress in the development of placement service in the provinces. Each provincial bureau differs somewhat in organization, functions, and financing; in this way various procedures are being experimented with. Those which prove most effective undoubtedly will set the pattern for nurse placement service in Canada.

ALICE L. WRIGHT
Convener

Postwar Planning Committee

The Executive Committee of the C.N.A. in November, 1943, passed the following resolution:

"That a national committee with provincial representation be appointed to function as a Committee on Reconstruction, and that the personnel of this committee include those who had assisted in preparing the reply to a letter received from the chairman of the Sub-committee on Postwar Problems of Women, viz., Misses M. Lindeburgh, E. Johns, F. Munroe, E. Flanagan, M. Mathewson, E. Beith, F. Walker, K. W. Ellis, and a French-speaking member, with Miss Margaret Wherry in an advisory capacity."

The Committee on Reconstruction, as named at the executive meeting of the C.N.A., met for organization in February, 1944. Miss M. Lindeburgh was appointed chairman and Miss E. A. E. MacLennan, secretary. At a later time the committee was renamed the "Committee on Postwar Planning."

The main responsibilities of the committee, as agreed upon, were:

(1) To assist in the rehabilitation of demobilized nursing sisters of the armed forces; (2) to assist provincial nurses' associations to make adjustments in relation to supply and distribution of nurses to meet postwar nursing needs, and to help in every way possible in the preparation of promising nurses for leadership in all nursing fields; (3) to co-operate with UNRRA in the selection of Canadian nurses for service in foreign fields; (4) to study postwar needs and to assist in determining the role which Canadian nurses should be prepared to play in the progress of reconstruction.

Provincial committees were appointed and were asked to keep the central committee informed of provincial movements and problems.

A sub-committee was appointed to take care of the requests from UNRRA for specially qualified nurses for service in foreign fields. It was deemed advisable that provincial nurses' associations assume the major responsibilities in sponsoring applicants who could meet the educational and professional qualifications for positions in UNRRA. The special committee worked in close co-operation with the Council of Canadian Voluntary Agencies (set up for recruiting personnel for UNRRA) in evaluating applications from various professional fields. Seventy Canadian nurses were appointed or endorsed.

In assisting nursing sisters after demobilization, your committee sought the advice and assistance of the matrons-in-chief of the three armed forces. Their co-operation was greatly appreciated. The most useful accomplishment

was the preparation of a brochure, which contained, in concise form, necessary information regarding procedures, benefits, opportunities for employment, and post-graduate courses in universities and clinical fields.

Approximately 160 returned nursing sisters registered in universities across Canada for the session 1945-46. There are more applicants for next session than can be accommodated. Because of this situation the Executive Committee, C.N.A., sent the following resolution to the Federal Government:

WHEREAS the present capacity of University Schools of Nursing does not exceed six hundred and indications are that the request for post-graduate courses by nursing sisters will exceed this number;

AND WHEREAS the nursing service needs in all fields of nursing are not being maintained;

Be it resolved, That the Canadian Nurses Association request the Federal Government to give serious consideration to extending the period of time during which the veterans of the nursing services may take advantage of the rehabilitation grant.

The Federal Government has since granted an extension of the time period in which any veteran may take advantage of the rehabilitation grant, but the application for the educational course must still be made within the original fifteen-month period following demobilization.

Consideration has been given to the organization of refresher courses for the benefit of returned nursing sisters. From information secured as to the need, it was decided not to attempt such an undertaking at the present time.

A special page in *The Canadian Nurse* has been assigned to "Postwar Planning." Through this avenue, information regarding the activities of this special committee has been brought to the attention of many nurses.

The C.N.A. has gradually strengthened its organization structure to meet emerging postwar nursing situations through the appointment of special committees, all of which contribute in some special way to postwar nursing needs. Therefore, it would seem that this special Committee on Postwar Planning has lost its entity; as its objectives are being covered much more effectively through the establishing of provincial placement and guidance bureaux, and by such well-organized committees as those on legislation, labor relations, health insurance, it is recommended that the Committee on Postwar Planning be dissolved.

MARION LINDEBURGH
Convener

War Memorial Committee

The members of the committee are: Misses Nettie Fidler, Edith Dick, Jean Masten, and Ethel Cryderman, convener.

It was assumed by your committee that the memorial referred to in the motion passed at the executive meeting on March 29, 1946, was to be a tribute not only to the Nursing Sisters who lost their lives in World War II, but to all Canadian nurses who served in the armed forces. The committee discussed various aspects of a memorial and the following recommendation, to be made to the Executive Committee, was passed unanimously:

Be it resolved, that the Canadian Nurses Association arrange to have the names of the nurses who lost their lives while on service in World War II, together with the actual number of other nurses who served in the armed forces, inscribed on the memorial already erected by this association in the Hall of Fame in the Parliament Buildings of the Dominion of Canada.

The committee was agreed that no further memorial in Canada for this purpose was necessary. However, it was felt that the occasion might be accepted for the C.N.A. to pay a tribute to all nurses throughout the world who served in the allied forces in World War II. A tribute, which would be an expression of the awareness of the Canadian nurses of the extraordinary courage, the fortitude, and the physical and mental sufferings of the members of the nursing profession in

war-torn countries, might appeal to the members of the C.N.A. Such a tribute, because of its international implications, might have lasting value. The committee's suggestion was that a memorial of this description might take the form of the establishment of a library or libraries in European countries. The committee was not prepared to make a definite recommendation regarding this type of memorial but would like to have their suggestion discussed at the meeting of the Canadian Nurses Association.

ETHEL CRYDERMAN
Convener

Highlights of Provincial Reports

Though the activities of the provincial associations of registered nurses have been reported from time to time in the *Journal*, the close of a biennium seems an appropriate time to review the work that has been done. There is a marked similarity in the undertakings of the nine provinces with a few outstanding points in which their approaches differ. This summary will present a composite picture of how the various provinces met the problems with which they were confronted during the past biennium.

STUDENT NURSES

Most of the provinces report that there have been more than enough suitable applicants to enter the schools of nursing of the larger hospitals. Many smaller schools, however, have experienced considerable difficulty in securing sufficient students. Nova Scotia reports that two schools had no applications whatever. It would seem urgent that student recruitment activities be continued through all of the means which have been utilized during the past two years.

Alberta reports an interesting development. Their student nurses are to be allowed one week of sick leave each year, not cumulative, during the three years of training. This regulation is effective for three years, at the termination of which the results will be evaluated and the plan again considered.

In November, 1944, the Manitoba Association of Registered Nurses sponsored the formation of a Student Nurses' Association. This group reports on its activities to the parent association. A lively interest in the program of the M.A.R.N. has been developed.

Financial aid through Dominion-Provincial Youth Training grants has been made available to student nurses in several provinces. The expansion of clinical facilities is providing excellent training for the students. B.C., Manitoba, and Saskatchewan report that affiliation is now available in tuberculosis nursing though not all students are able to benefit in some cases. Nova Scotia is studying the possibilities. First-year qualifying examinations have received considerable study. Manitoba and Quebec already have such examinations and several other provinces are giving careful consideration to this problem.

B.C. has instituted the practice of having prospective students' educational qualifications evaluated through the provincial office thus saving the individual schools an immense amount of work. A qualifying certificate is issued by the Registrar's office to the selected school prior to enrolment.

PRACTICAL NURSES

Because the shortage of nurses has continued to be a harassing problem, each provincial association has been concerned with the preparation of subsidiary workers. Co-operation between the Canadian Vocational Training Administration and the provincial registered nurses' associations has resulted in the establishment of courses for discharged service personnel, preparing them to function as practical nurses. Alberta reports a nine-month course in operation; Nova Scotia, a six-month course. Ontario reports that they have abandoned this form of training until registration and licensing of this group is obtained.

Efforts to secure adequate licensure and regulation of the practical nurses met with success in Manitoba where the first such act in Canada became law in 1945. Alberta is delaying application until an intensive study of existing Nurse Practice Acts is completed. British Columbia has had an active com-

mittee campaigning for this legislation, but so far without governmental action. New Brunswick has also prepared a proposed bill which they hope will receive approval next year. Nova Scotia has given consideration to the possibility of securing a new Act of Incorporation which would bring subsidiary nurses under the control of the Registered Nurses' Association and provide for their licensing. The Ontario Legislature gave consideration to amending the Nurses' Registration Act to include the words "or Registered Assistant Nurse." As this amendment merely protected the name of the assistant nurse but did not in anyway control her training or practice, the R.N.A.O. requested that this bill be withdrawn. A new bill is being drafted by their Legislation Committee. Quebec reports that they have secured an Act which provides for the licensing of all professional nurses. While this Act does not in any way forbid trained attendants to continue to function as such, it does reserve the title "nurse" for members of their professional association. Saskatchewan has submitted a brief to the Law Amendments Committee of the government in connection with a review of professional acts which is taking place.

British Columbia has given a great amount of time and thought to the planning of an experiment in placing practical nurses through the placement service.

Placement Bureaux

In Alberta, nurse placement service was established in 1945. They report that hospitals and nurses are becoming increasingly interested in and appreciative of the service, but the supply of nurses to fill the positions vacant is woefully inadequate. British Columbia's placement service has been functioning since 1944. The counselling functions of the service are being recognized and utilized more and more. Manitoba established their service in 1944 and reports that it has met a great need in helping to staff hospitals and sanatoria and in assisting returning nursing sisters in finding positions for which they were best fitted. New Brunswick, organized the service in 1944 but, owing to the shortage of nurses and the many openings available, the nurses do not find it necessary to apply to the placement service for positions; therefore; the service is not as active as had been hoped. However, the machinery is ready for a future time when the demand for this form of service may be greater. Similarly, Nova Scotia has found that their facilities have not been used to any great extent. Ontario has a placement director but the greater part of their work is carried out through their twenty-two Community Nursing Registries. Saskatchewan has had a service organized since 1945 and reports that many desirable contacts throughout the province have been made.

Personnel Policies

It has been realized that the stabilization of nursing service in all parts of Canada is dependent to a considerable degree on the provision of suitable working conditions and adequate remuneration. Alberta took the first step by formulating employment policies for nurse personnel in their hospitals. They report that the hospital boards are being quite co-operative and progress is being made on a goodwill basis between employers and employees. British Columbia presented a report on personnel practices, prepared by a committee composed of members of the Nurses' Association and B.C. Hospital Association at their last annual meeting. This report, containing recommendations on various aspects of remuneration and working conditions, was adopted with suggestions for implementing the recommendations.

Labor Relations

Each provincial association has had an active Labor Relations Committee at work during this past biennium. Alberta sent a digest of material of Alberta legislation, as affecting nurses, to each active member last spring. British Columbia has appointed a Select Committee, which is prepared to serve on request, in an advisory capacity, to individual nurses or groups of nurse employees on matters related to employment conditions. New Brunswick, in its study, found that nurses in industry seemed the ones most likely to be affected in any labor situation. Representations were made to the controllers of industrial plants that nurses are confidential employees. As such, they are excluded from labor organizations. Nova Scotia is being guided in its activities in this direction by special legal counsel.

Miscellaneous Items

Confirming their belief that every member of each provincial association should be kept well-informed on nursing activities, several provinces transmit regular bulletins to them. Alberta sends out a newsletter every second month to hospitals and groups of nurses, as

does also British Columbia and Saskatchewan. Ontario started its bulletin in August, 1945. It proved such a successful venture that it is now being printed and sent to all members quarterly.

Alberta and Quebec report that association fees were increased to five dollars. British Columbia has raised the fee from five to ten dollars. Numerous short courses were sponsored in all provinces for the benefit of members. Plans are underway for the institution of nursing courses at Dalhousie University, Halifax. Ontario submitted a Brief on Nursing Education to the Royal Commission on Education early in 1946. The association has been notified that, when dealing with the Brief, the Commission will make such recommendations as fall within its jurisdiction as defined by the terms of reference. Active participation in the relief projects sponsored by the C.N.A. was reported from all parts of Canada.

En Marge du Congrès des Infirmières du Canada

Notre province était largement représentée au congrès tenu à Toronto du 1er au 4 juillet. Parmi les membres de notre conseil notons Mlle Flanagan, présidente, Révérende Soeur Valérie, vice-présidente, Mlle A. Martineau, trésorière, Mlle Cooke, secrétaire, Mlle E. Mercier, Mlle F. Upton, secrétaire-registraire, et Mlle S. Giroux, visiteuse des écoles; parmi les membres de langue française plusieurs directrices, institutrices de nos écoles, des infirmières du service privé, et de l'hygiène publique.

La personne la moins initiée à l'organisation d'une convention a pu évaluer la somme de travail requise pour conduire avec harmonie et avec un intérêt soutenu des délibérations aussi intéressantes que celles que nous avons eues durant ces quatre jours. Les rapports reliés en livrets étaient remis à chaque membre à l'inscription, chacune pouvait ainsi se documenter et prendre part aux discussions.

Rapports provinciaux: Si grand que soit notre pays les mêmes besoins semblent se faire sentir dans toute la province. Dans les divers rapports provinciaux présentés, il est presque toujours fait mention du "Recrutement des infirmières", les grandes écoles en général ont moins de difficultés que les petites. Diverses mesures ont été prises pour améliorer les conditions de travail tel qu'une semaine de congé par maladie par année. Au Manitoba la formation d'une association d'étudiantes semble un moyen d'intéresser les jeunes aux questions de la profession. L'aide à la jeunesse favorise dans toutes les provinces, sauf l'Ontario, un grand nombre d'élèves.

Formation des aides: A cause de l'augmentation constante du nombre de lits dans nos hôpitaux, le projet de la formation d'un groupe d'aides est à l'étude dans toutes les provinces. Un cours de neuf mois se donne actuellement en Alberta, la Nouvelle-Ecosse donne un cours de six mois. Dans l'Ontario l'on a discontinué l'entrainement des aides jusqu'à ce que ce groupe ait obtenu un enregistrement. Au Manitoba une loi du parlement accorde l'enregistrement et le droit de pratique aux aides qualifiées à cet effet. En Colombie-Britannique, au Nouveau-Brunswick, et en Ontario des projets de loi seront présentés aux parlements dans le but d'obtenir une reconnaissance professionnelle légale pour les infirmières. L'Association des G.M.E. de la province de Québec a obtenu en avril dernier cette reconnaissance officielle.

Conditions de travail: Une autre question étudiée par les provinces est les conditions de travail et le traitement du personnel; lorsque l'un et l'autre seront satisfaisants il y aura alors stabilisation du personnel infirmier. L'on a souligné que les membres des bureaux de direction de nos hôpitaux se sont montrés très favorables aux suggestions et recommendations faites par les associations d'infirmières.

Lois du travail: Les sous-comités provinciaux sont très actifs, étudiant les nouvelles lois pouvant atteindre les intérêts des infirmières, agissant comme conseil, etc. Mlle Beith, convocatrice du comité, présenta un travail très approfondi.

Divers: Les associations des infirmières rapportent que la contribution annuelle à

l'enregistrement est désormais de $10 dans la Colombie-Britannique et dans Québec elle sera à l'avenir de $5.00.

L'on entend souvent dire à tort ou à raison que les gens de la langue anglaise sont froids. Toronto a fait mentir ce dicton aussi bien par sa température excessive que par son réunions se firent sans inconvénient grace à l'air climatisé.

La réunion générale du lundi après -midi fut présider par Mlle R. Chittick, alors vice-présidente; elle dirigea la discussion avec beaucoup de maitrise après que Mlle B. Touzel, le Dr. Cameron, et Mlle E. Johns eurent parlé "Des besoins du public et les infirmières."

Avec quel plaisir nous avons retrouvé Mlle E. Johns, son esprit mordant, toujours le même, sait faire remarquer ce qu'une vision peu commune lui fait présentir. Les journaux du jour rapportèrent les réflexions suivantes, qu'elle fit lors de la présentation de son travail: "La police, les pompiers et les organisations d'urgence ont un budget, une base financière bien établie, pourquoi les hôpitaux sont-ils mis de côté? Les infirmières sont fatiguées non pas de soigner les malades mais de ce que l'on ne leur laisse pas le temps de soigner les malades, elles sont fatiguées de remplacer l'interne, la technicienne, la bonne, et tout le personnel de l'hôpital."

L'assemblée générale du mardi fut présidée par Mlle A. MacLeod, infirmière en chef du service des anciens combattants. Le sujet à l'étude était "Une préparation du personnel infirmier répondant au besoin du public." Le docteur Wallace, vice-chancellier et principal de l'Université Queens de Kingston, recommenda pour les infirmières une éducation non seulement excellente au point de vue technique mais en plus une culture générale plus étendue. L'étude de la langue, la littérature et l'histoire devrait être continuée par nos élèves infirmières.

Mlle B. Pullen, de l'hôpital général de Winnipeg, parla de l'éducation de l'infirmière à l'école. Mlle M. Mathewson, de l'Université McGill, de la préparation de l'infirmière-hygiéniste, et Mlle N. Fidler, de l'Université de Toronto, de l'éducation de l'infirmière en général. La discussion fut animée, les differents orateurs d'abord y prirent part puis plusieurs membres de l'assemblée.

Mlle Munroe présida avec beaucoup de talent et de savoir-faire toute les autres séances du congrès.

La journée de mercredi fut consacrée aux sections et se termina par un diner. Le clou de la soirée fut le brillant discours prononcé par M.B.K. Sandwell en mémoire de la fondatrice de l'association, Marie Agnès Snively. Il nous parla des sentiments qui ont motivés, au cours des âges, le dévouement aux soins des malades. Excellent historien, chrétien convaincu, Monsieur Sandwell sut nous intéresser et nous inspirer des réflexions profondes.

Je suis certaine que toutes celles qui ont eu le privilège d'assister à cette convention ont été vivement intéressée et stimulées à travailler dans l'intérêt des infirmières.

—SUZANNE GIROUX

Obituaries

Mrs. Ethel May Treble Barber, widow of Rev. Dr. F. Louis Barber, passed away at the Toronto General Hospital after only a day's illness. Mrs. Barber graduated from the Johns Hopkins Hospital, Baltimore.

Jule Kerr, who graduated in 1920 from St. Michael's Hospital, Toronto, died there recently after a brief illness.

Hannah Logan, passed away recently in New York. A native of Ontario, Miss Logan graduated from the Women's Hospital in New York where she had practised private duty for a number of years.

Elizabeth Matthews, a member of the supervisory staff of Victoria Hospital, London, Ont., for sixteen years, died recently in Vancouver. Miss Matthews graduated from the old London General Hospital and after a period of private duty was superintendent of the Wingham General Hospital.

Marion Nafziger, aged 24, died recently in Singapore while en route to Calcutta to join the Mennonite Mission service. Miss Nafziger was a graduate of the Kitchener-Waterloo Hospital.

Helena Frances Ross, a graduate of the Toronto General Hospital, died recently in London, Ont., at the age of 82 years. Miss Ross had engaged in private duty nursing in Toronto and had served on the staff of St. Luke's Hospital, New York, prior to her retirement twenty years ago.

Notes from National Office

Resolutions from the Biennial Meeting, 1946

Labor Relations

Careful perusal of the following resolutions which were adopted by the twenty-third general meeting of the Canadian Nurses' Association will reveal many of the important steps which were taken by the delegates. Growing out of the discussion at the session, when the Labor Relations Committee made its report, is the following resolution which is supplementary to those incorporated in and adopted with this committee's report:

Whereas the national Committee on Labor Relations has gone on record as disapproving of the element of compulsion applying to members of the nursing profession in any situation in which they may be affiliated with labor unions;

Be it resolved, That this resolution be sent to the provincial registered nurses associations for their information. Carried.

Nursing Education

While no formal report is available on the consultations which the Committee on Nursing Education has been having regarding possible ways of shortening or accelerating the length of time deemed essential for the education of the student nurse, the following resolution secured unanimous endorsation at the special session on Nursing Education:

Resolved, That the proposal already approved by the Executive Committee of the Canadian Nurses' Association that a demonstration be undertaken to determine whether a professional nurse can be prepared adequately in less than three years, be approved by the members of the Canadian Nurses' Association assembled in convention. Carried.

Special Memorial Committee

Though very newly formed, this committee's report was received with genuine interest at the convention. All Canadian nurses are proud of the valiant work of our nursing sisters who served in the various branches of the armed forces. They rejoice in the well-merited awards which the nursing sisters have received. They mourn for those who died while on active service. They approved the following resolution which the committee will seek to implement:

Resolved, That appropriate words to commemorate the service of Canadian nurses who served in World War II be inscribed on the Memorial already erected by this association in the Hall of Fame in the Parliament Buildings of the Dominion of Canada. Carried.

To provide for a more active and vital memorial, the Canadian Nurses' Association has re-appointed this special committee and has commissioned it to promote plans for the development of a library or libraries of up-to-date professional literature which would be presented to one or more foreign countries as the tribute from the nurses of Canada to Canadian Nursing Sisters. Definite action on this project is to be delayed until after the meeting of the Grand Council of the I.C.N. in September, 1946. Watch for further information.

Constitution and By-laws

A great deal of time was spent in a

review of the sections of the proposed Constitution and By-laws. Culminating the discussion and the answering of pertinent questions by the legal adviser, two resolutions were passed, as follows:

Resolved, That the Constitution and By-laws, with the Amendments reported by the Executive Committee, be approved and adopted—with the understanding that each provincial registered nurses' association shall have the right to express its approval or disapproval of the adoption of the new Constitution and By-laws between now and November 15, 1946, such approval or disapproval to be expressed by the voting strength of such association. Any provincial registered nurses' association which does not record such vote with the general secretary of the Canadian Nurses' Association shall be deemed to approve the adoption. If the majority of the total voting strength of the Canadian Nurses' Association has recorded its concurrence in this Constitution and By-laws, either by voting or not voting, they shall come into effect on November 15, 1946. Carried.

MOTION REGARDING INCORPORATION

Resolved, That if on November 15, 1946, the majority of the total voting strength of the Canadian Nurses' Association have concurred, either by voting or not voting thereon, in the adoption of the new Constitution and By-laws, the Executive Committee of the Canadian Nurses' Association be instructed to apply for incorporation of the Canadian Nurses' Association by the Parliament of Canada. Carried.

REPORT OF RESOLUTIONS COMMITTEE

The following resolutions were accorded full approval by the voting delegates at the last general session of the convention:

I. WHEREAS there is a steadily growing and urgent demand for more nursing service resulting from: (a) increased civilian hospitalization; (b) the necessity of providing hospital care for war veterans, and (c) expansion of public health services in all parts of the country; and

WHEREAS despite the increase of 45 per cent in the number of nurses being graduated since 1939, these requirements for nursing service cannot be met and the situation is becoming more acute; and

WHEREAS this problem has wide implications involving not only organized nursing and hospitals but also all public health organizations, both official and private, and the community at large; and

WHEREAS nursing education in all its aspects is inextricably interwoven with the service problems cited above:

Be it resolved, 1. That the Canadian Nurses' Association recommend to the provincial registered nurses' associations that they immediately form committees representative of all branches of nursing, hospital administration and hospital associations, the medical profession, the provincial governments, including both Health and Education Departments, and selected interested community organizations, for the purpose of studying these problems with a view to outlining specific plans for meeting the situation as speedily as possible.

2. That these committees proceed immediately to take whatever steps may be necessary to train a sufficient number of nurse aides to meet the existing demand for this type of worker in hospitals and the community.

3. That in order to protect both the community and the workers, continued efforts be made to obtain licensing regulations for these ancillary workers.

4. That these committees take whatever steps are necessary to make an analysis of the functions and responsibilities of the professional nurse in order that her energies may be directed to these duties, and that duties not requiring the services of a professional nurse be directed to other workers.

5. That consideration be given to the problem of how more professional nurses can be prepared to meet the demands.

6. That since this necessary ex-

pansion in the supply of nurses is not solely the responsibility of hospitals, and since present educational facilities are not adequate to produce a sufficient quantity of the best quality of graduate nurses, efforts be made to secure Governmental support for schools of nursing. Carried.

II. WHEREAS there appears to be no present justification for their further continuance:

Be it resolved, That the following committees be dissolved: (1) The Publications Committee; (2) the Post-war Planning Committee; (3) the Advisory Committee which acted as liaison to the Canadian Medical Procurement and Assignment Board and National Selective Service; (4) the British Civil Nursing Reserve Committee. Carried.

III. WHEREAS the cost of printing and distributing the Mary Agnes Snively Memorial lectures to every member of the Canadian Nurses' Association as proposed at the 1944 Biennial Convention would be prohibitive:

Be it resolved, That the addresses be printed in *The Canadian Nurse*, following which suitably prepared reprints be made available at cost price through the National Office of the Canadian Nurses' Association. Carried.

From the Public Health Section

IV. WHEREAS milk is acknowledged by medical and scientific authorities the world over to be the finest of natural foods and of great importance to the human diet, and

WHEREAS it is a scientific fact that raw milk is a recognized material for growing certain disease germs and as such acts as a means of spreading disease amongst humans, and

WHEREAS the consumption of raw milk has proven to be a factor in increased infant mortality and the spread of typhoid and para-typhoid fever, tuberculosis, undulant fever, scarlet fever, septic sore throat, and diphtheria, and

WHEREAS pasteurization of milk will destroy the organisms which cause these infections without affecting its nutritive value:

Be it resolved, That the Canadian Nurses' Association go on record as endorsing the compulsory pasteurization of all milk sold for human consumption, strongly urging the governments of all provinces to enact a law to that effect. Carried.

V. WHEREAS the rapidly expanding fields of all branches of nursing in Canada demand a greater degree of co-ordination than is possible at present:

Be it resolved, That the Canadian Nurses' Association make suitable representations to the Department of National Health and Welfare regarding the establishment of a Division of Nursing, and urge the appointment of a highly qualified nurse as director, to give nursing leadership in advancing the work of such a division. Carried.

From the Hospital and School of Nursing Section

VI. WHEREAS educational requirements for admission to schools of nursing in Canada vary in different provinces and schools, and

WHEREAS the requirements of some schools of nursing do not meet university matriculation requirements, and

WHEREAS many nurses desire to take post-graduate courses in universities:

Be it resolved, That the Canadian Nurses' Association in convention assembled go on record as recommending to directors of schools of nursing that academic requirements for admission to their schools be set at not less than university entrance requirements and that educational credentials of applicants be appraised by an authoritative educational body. Carried.

VII. WHEREAS the preparation of a Canadian Manual, "The Essentials of Good Hospital Nursing Service", has been postponed until such time as

hospital nursing service is more stabilized, and

WHEREAS the joint committee set up for the execution of this project has been inactive since October, 1944, and

WHEREAS the task of guiding such an undertaking is time-consuming and requires specific preparation and knowledge:

Be it resolved, That the present committee be dissolved and that, if and when this project is again resumed, a person with special qualifications for such an undertaking be employed. Carried.

VIII. WHEREAS it is recognized that to be of value to the student, either graduate or undergraduate, programs of observation and practical experience must be carefully planned and supervised, and

WHEREAS the carrying out of such programs in a satisfactory manner requires considerable time and effort on the part of specially prepared personnel and is thus an added expense to the hospital, Public Health Nursing organization or other agency participating in a student program:

Be it resolved, That the Canadian Nurses' Association approve the principle of a reasonable remuneration being made to the hospital or other agency that provides a program of a distinctly educational nature, but that such programs should first be approved by the School of Nursing Committee (or its counterpart) in the registered nurses association of whatever province is involved. Carried

GENERAL

IX. *Resolved*, That appropriate expressions of thanks and appreciation be sent to the following:

1. To the *Arrangements Committee*, for the excellence of the preparations made for the Twenty-third Biennial Convention of the Canadian Nurses' Association, with special commendation to Miss C. McCorquodale whose anticipation of our needs and attention to detail have elicited enthusiastic praise from all quarters.

2. To the *Registered Nurses Association of Ontario*, for their numerous courtesies and kindnesses, with special thanks to Miss M. Fitzgerald.

3. To the *Management and Staff of the Royal York Hotel*, for their generous and cheerful service.

4. *To the Press*, for their excellent interpretation of the activities of the convention and the liberal amount of space accorded to the Canadian Nurses' Association.

5. To the *members of the two panel discussions* who so courageously presented analyses of the difficult problems confronting nursing today.

6. To the *Exhibitors* for their contribution to the success of the convention.

7. A special expression of appreciation to *Mr. B. K. Sandwell*, Editor-in-Chief of *Saturday Night*, for his stimulating and inspirational challenge to the nursing profession of Canada on the occasion of the inauguration of the Mary Agnes Snively Memorial lectures.

8. To the general secretary of the Canadian Nurses' Association and to the two assistant secretaries who have diligently and faithfully fulfilled their duties both during the past biennium and during this convention; and especially to Miss Electa MacLennan, who is relinquishing her duties with National Office, for the sterling contribution she has made to the nursing profession during her assistant secretaryship. Carried.

Wisdom consists in knowing what to do. Skill consists in knowing how to do it. Virtue consists in doing.

—DAVID STARR JORDAN

Amendments to Constitution and By-laws

The proposed Constitution and By-laws of the Canadian Nurses Association which were published on pages 499-505 of the June, 1946, issue of the *Journal*, were discussed clause by clause at the recent convention. Out of all of the discussion a few amendments arose which are incorporated into the latest draft which has been sent out from National Office to all of the provincial associations for careful scrutiny and study before the final decisions are made November 15, 1946. In order to familiarize all of the membership of the C.N.A. with these amendments, this outline has been prepared in conjunction with the convener of the Committee on Legislation. It is recommended that each member refer back to her June issue and compare the original with the amended version. The new wording is indicated in bold face type.

A. Constitution, Article V, amended to read:

EXECUTIVE COMMITTEE

The affairs of the Association shall be managed by an Executive Committee which shall be composed, elected or appointed as the Association may by By-law prescribe from time to time, and which shall have the powers set out in the By-laws of the Association. **The By-laws shall contain provision for the election or appointment of members chosen from the Nursing Sisterhoods from among the Ordinary Members.**

B. Constitution, Article VII, new:

AMENDMENTS

This Constitution may be added to, repealed, amended or re-enacted at any time in the manner provided by Section 1 of By-law XII.

C. By-law II, Section 1 (d), changed: (former (d) becomes (e)).

(d) Five representatives from the Nursing Sisterhoods to be chosen on a regional basis from among the Ordinary Members in such manner as may from time to time be prescribed by the Executive Committee.

D. By-law III, Section 1 (f), added:

(f) Two other members of the Executive Committee appointed by the Executive Committee.

E. By-law VII, Section 7, revised:

MOTIONS AT GENERAL MEETINGS

Section 7. On all questions which have been previously submitted to the Association Members, only Voting Delegates shall be permitted to vote. On all other questions where the policy of the Association is not involved, any ordinary member may move, second, and vote in such manner as the Chair may decide.

F. By-law VIII, Section 4, amended:

COMPOSITION OF NATIONAL COMMITTEES

Section 4. All National Committees shall consist of: a Chairman; a Vice-Chairman; a Secretary; a Member of the Secretarial Staff of the Association; three Ordinary Members of the Association located in the vicinity of the residence of the Chairman, **at least one of whom shall be a member of the Nursing Sisterhoods.** The Executive Committee shall, at its entire discretion, have the right at any time and from time to time as it may deem advisable to increase the number of the members of any Committee.

Preview

The Saskatchewan Registered Nurses' Association was fortunate in having as one of their guest speakers at their convention this year, **Hazel B. Keeler,** director in nursing education at the University of Manitoba. We are privileged to share with them the stimulating address which Miss Keeler delivered on "Preparing the Nurse for Present Day Responsibilities." Those responsibilities were never heavier in the history of our profession. It is very appropriate, therefore, to devote considerable thought to the student nurses whose preparation will be reflected in their future ability to assume these responsibilities.

Nursing in New Zealand

NEW ZEALAND consists of three islands covering an area approximately one-seventh larger than Great Britain, while about one thousand miles separates the northern and southern extremities. The population of 1,600,000 includes about 86,000 Maoris. The largest city has a population of 223,000. There is about equal distribution between urban and rural.

Successive governments have sought to give a good standard of social services to the people, and the proportion of hospital beds to the population is high. With the exception of private hospitals, and some religious hospitals, all general hospitals are financed by levies on local taxes with payments by the government from the Social Security Fund. Locally-elected hospital boards administer the hospitals, with a certain amount of control and supervision from the health department.

In 1883, the first nurses who had trained under the Nightingale system were introduced into New Zealand hospitals. The training of nurses, which was then begun, has continued and progressed to the present day. In 1901, the Registration Act for general nurses was passed, and, in 1904, one for midwives. In 1925, the Nurses' and Midwives' Registration Act combined the two former acts and provided for a Registration Board to govern the training and registration of nurses. Hospitals which are training schools must be approved by the Board, and are inspected annually. More than half of the members of the Registration Board are members of the nursing profession.

Since 1895, nurses have been employed by the government to assist medical men in inspection of hospitals. In 1920, the health department was re-organized and, of the various "divisions" created, one was for nursing. The director of the nursing division is responsible for the policy and supervision of the work of her division, which includes the administration of the Nurses' and Midwives' Registration Act.

There are 38 training schools for general nurses. The size of training school hospitals varies from 80 to 1,250 beds, though only 3 are under 100 beds. Only one hospital has a medical school.

Since the passing of the Social Security Act in 1939, which provides free hospital care for all, hospitals have increased in size, and the following figures are interesting in this connection:

	1939	1943	1945
Occupied beds in training schools	4,981	6,808	7,935
Registered nurses	725	1,172	1,500
Student nurses	1,985	2,974	3,400

In return for service to the hospital, the student nurse receives her education, maintenance, and a salary. The regulations of the Registration Board include a minimum theoretical curriculum, hours of lectures, etc. Practical experience is given in medical, surgical, and communicable disease nursing, children's, operating-theatre, out-patients, and in special diet kitchens, where these are in operation. Chronic and tuberculosis nursing form part of the practical training where separate institutions exist for the nursing of these patients.

All schools have preliminary training ranging from four to twelve weeks while five schools are using the "block" system throughout the course. State examinations are held at the end of the first year, in anatomy and physiology, nursing, bacteriology, and hygiene. At the end of three years and three months, examinations are given in medical and surgical nursing, in nursing. A fourth "final" paper on nutrition was added in 1945. The final practical examination is carried out by a nurse examiner observing

candidates at work in the wards for one hour each, while carrying out specified procedures.

The proportion of registered nurse staff to student nurses is 1:2.5. That of nurses to patients (average occupied bed rate) is 1:1.5. Ward units are kept as nearly as possible to thirty beds, though the older hospitals have larger wards. Staffing varies according to the type of ward, e.g., children and communicable disease wards have larger staffs, but the minimum for thirty beds would be one sister, one staff nurse, three pupil nurses on morning duty, three on afternoon duty, and one on divided time. There is one night nurse (with a second nurse shared by another ward in certain cases) and an additional relief nurse for days off. Each ward would have one or two domestics.

Leave is arranged to provide one day off weekly, with three weeks' annual leave for students; registered nurses have four weeks. Hours of work for pupil nurses are eight hours a day on a three-shift plan, while one nurse in the ward may have hours "divided" to cover the busier periods of the day. Such a three-shift plan was introduced into one hospital in 1886, although it did not come into general use until between 1908 and 1912. The day begins at 6 a.m. in some hospitals and 7 a.m. in others. Taking a typical day, the "morning" staff are on at 6 a.m. and work until 2, "afternoon" from 2 to 10, and "night" from 10 to 6. The "divided" nurse may work from 6 to 11, and 4 to 7 depending on the type of ward. The staff nurse comes on at 7 and the sister at 7 or 8 a.m. The staff nurse and sister are on together in the morning and then alternate for the remainder of the day until 7 or 8 o'clock. In most hospitals there is an afternoon supervisor over a block of wards, who is on duty until 10. The trained night staff remain on duty until 7 a.m. when the day staff begins. It is not possible to complete all of the daily sponging in the forenoon as is done in some hospitals in Canada where the whole staff is on duty in the early morning. Sponge-bathing, which is carried out daily, is shared by the morning and afternoon nurses.

Doctors' lectures are usually given during the afternoon. The nurses go off duty if necessary to attend them. Tutor sisters' lectures are always duplicated—morning and afternoon—and nurses attend them in off-duty hours. The "block" system, which is being extended, eliminates the difficulties attendant on this older system.

It is customary to change the hours of duty from morning to afternoon and vice versa each week. In this way, once a fortnight, the morning duty nurses have the afternoon and following morning free, returning to duty at 2 p.m. The eight-hour shift allows nurses to have regular times, usually alternate weeks, when they may enjoy longer hours of sleep, rest from the very busy morning duty, and study while the mind is fresh. It is sometimes argued, overseas, that patients would not appreciate these changes in staff. The fact is they enjoy the change and look forward to the fresh nurses coming on duty with news of the outside world.

In most New Zealand hospitals, the nurse wears one uniform for ward work and another when at meals, classes, or in the nurses' home. Changing room, with hand-washing facilities, are provided in the wards.

The practice of permitting registered nurses to live away from the hospital is extending, and is preferred by the younger registered nurses. Adequate living out allowances are paid.

The health of nurses is carefully safeguarded throughout their training and in later years. The initial health examination is carried out by the medical superintendent or a special hospital physician, and regular examination, annual chest x-ray, skin tests, and weighing are carried out.

Following the general training of three years and three months, and a year as staff nurse, the majority of nurses take six months' maternity training followed by a State examination. A further six-month course in

midwifery school is taken by many nurses who wish to qualify as midwives and specialize in obstetrics or district health work. Over 90 per cent of New Zealand mothers are confined in hospitals and medical men attend the majority of them. Registered nurses who wish to qualify in infant welfare take a four-month course at one of the Plunket Society's "Mothercraft" hospitals. Post-graduate courses of seven months' duration on hospital and nursing school administration, public health nursing, or medical social work are given each year. They are controlled by the health department in conjunction with the University College in Wellington. The majority of the students are financed by hospital boards or the health department. The expansion of industry is bringing the need for increased health work in factories and a course in industrial nursing may be introduced in the coming year. Registered nurses may qualify as dietitians by taking a two-year course of theory and practical work at the Home Science School of Otago University, and in a hospital dietary department. A course in occupational therapy for registered nurses takes one year.

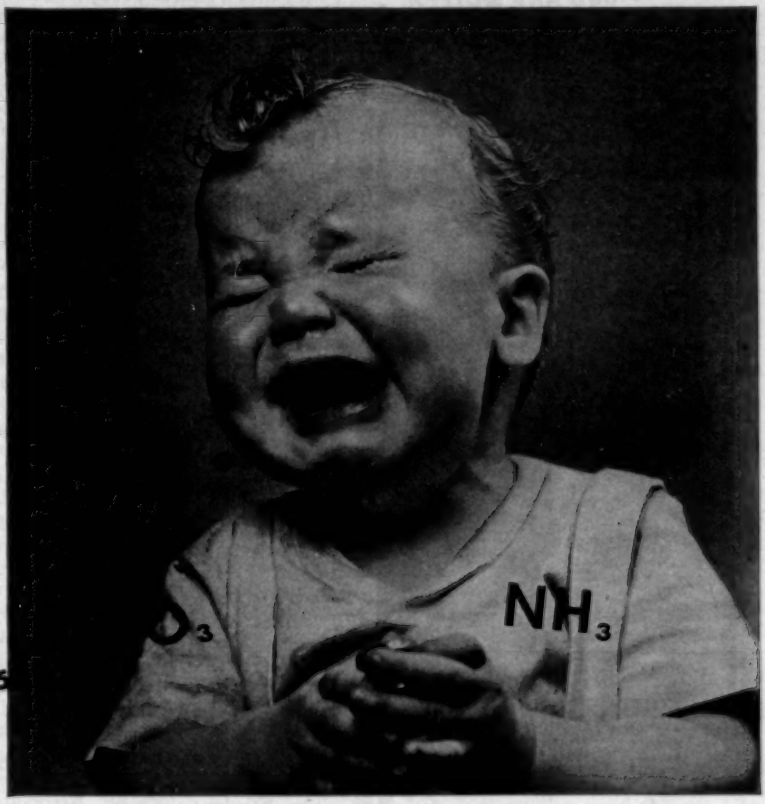
In addition to the many hospital positions open to registered nurses, there is the ever-increasing field of public health nursing. In the rural areas this is carried out on a generalized plan, while in the towns it is still more or less specialized. The former "school" nurse in the towns, however, is now a district health nurse, and has the supervision of tuberculosis patients and their contacts and of other infectious diseases, as well as school and health education work. At present, an extension of district nursing is proposed by which a greater number of people will be given a bedside care service in their own homes. This will be financed mainly from hospital boards and the social security fund. Nurses are engaged in social work under the Education Department which carries out the Infant Life Protection and Child Welfare Acts. Only a few hospitals have medical social workers, but as this work is extended it is anticipated that nurses with social service training will be used in it.

With the exception of those in private practice, all nurses contribute to one of the two superannuation schemes, which are interchangeable.

Several of the Pacific Island groups are linked with New Zealand for purposes of nursing services. Samoa, Fiji, Cook Islands, and Niue and, more recently, Tonga, have New Zealand nurses on loan for periods of two years. This ensures a good staff for the hospital and public health services in the Islands, gives experience to New Zealand nurses and, at the same time, does not put an undue strain on their health. In Samoa and Fiji, there are training schools for native nurses who take public health nursing in their general course.

In 1939, an amendment to the Nurses' and Midwives' Act was passed, providing for the training and registration of nursing aides. The period of training is two years, to be undertaken in a hospital which is not a school for professional nurses. The syllabus includes housewifery, nutrition, care of the normal infant and toddler, elementary nursing, bacteriology, first aid, and some medical and surgical nursing. Practical experience is given in the dietary department, laundry, and in housework in the wards of the hospital. Persons qualified to teach theory and supervise the practical work in all of these subjects were appointed and the nursing aide schools are inspected in the same way as are the general training schools. Examinations take place at the end of two years and consist of a three-hour paper on nursing and allied subjects, and a two-hour paper on nutrition and housewifery. There is a practical examination of one hour conducted by a nurse examiner, the candidates carrying out nursing procedures and preparation of simple foods, etc., in the ward and dietary departments. The registered nursing aide is qualified to work in chronic hospitals and sanatoria, as well as in

What is "ACID-MOISTURE"?



How Z. B. T. Baby Powder helps to resist moisture dermatitis in infants

DERMATITIS in infants brought about by wet clothes is a common and troublesome condition. Because of it the physician is plied with questions by anxious mothers. While normally acid because of uric acid ($C_5H_4N_4O_3$) urine may be converted into an alkaline irritant by urea-formed ammonia (NH_3).

On the basis of simple mechanical protection the use of Z.B.T. Baby Powder with olive oil helps to resist moisture dermatitis. Z.B.T. clings like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z.B.T. may be clearly demonstrated. Smooth Z.B.T. on your hand. Sprinkle with water or other liquid of pH higher or lower. Z.B.T. protects skin as the drops roll off.

Z.B.T. The Baby Powder made with Olive Oil

★UNIFORMS ARE WHITER WITH Whitex!

Crisp, fresh-looking uniforms delight the eye. That really *white* look can be yours with All-Fabric Whitex, the new-day bluing that is *guaranteed* for SILK, WOOL and all Fabrics. It works on off-white, shoe stained stockings, too. For the *whitest white* ever, get WHITEX today, made by the Makers of All-Fabric Tintex and sold at good stores everywhere!

REGISTRATION OF NURSES
Province of Ontario

•

EXAMINATION ANNOUNCEMENT

•

An examination for the Registration of Nurses in the Province of Ontario will be held on November 20, 21, and 22.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

A. M. MUNN, Reg. N.

Parliament Buildings, Toronto 2

general hospitals under supervision, and fills a useful place in the nursing service. Voluntary aides, who gave six thousand hours of war service (approximately 2¾ years) in an approved hospital either in New Zealand or overseas, may sit for the qualifying examinations of a nursing aide without undergoing the two years' training and may then register. The registered nursing aide may have a concession of one year on her general training.

An amendment to the Nurses' and Midwives' Registration Act in 1944 brought the training and registration of pyschiatric nurses under the Nurses' and Midwives' Registration Board. The training period for a psychiatric nurse is three years. For a nurse with general training it takes two years. A one-year course for registered nurses is available, but it will give only a certificate and not registration. The registered psychiatric nurse may have a concession of fifteen months on her general training.

The New Zealand Registered Nurses' Association is a very active body. Through its monthly journal, *Kai Tiaki*, it keeps nurses informed of all aspects of professional life. The association has a good relationship with the nursing division of the Health Department, by which means nursing interests are greatly assisted. The Student Nurses' Association is particularly active, and holds an annual conference, electing a Dominion Student Nurses' Executive, and discussing many interesting and far-reaching subjects.

Salaries for nurses compare favorably with those in other professions, and have shown a recent increase. The 1945 scale was approved by the stabilization authorities, and a further increase at a flat rate is at present under consideration. (See *The Canadian Nurse*, April, 1946, p. 327, for the present salary scales.)

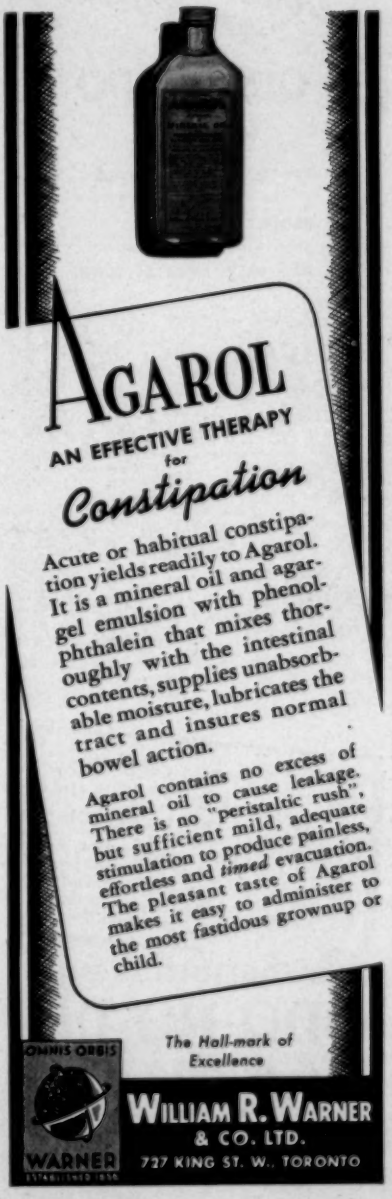
At the present time, there is a definite shortage of nurses in New Zealand but when those who have been overseas for the last five or six years return to civilian nursing, the supply will probably equal the de-

mand. Nurses from other countries who wish to come to New Zealand must do so at their own risk; but they will receive every assistance possible in obtaining suitable positions. If they are eligible for registration with the General Nursing Council for England and Wales, they will be eligible for registration in New Zealand, *but they must bring with them their hospital and registration certificates and at least two recent testimonials, one being from the matron of their training school.* They should contact the director, Division of Nursing, Health Department, Wellington, immediately on arrival. If a nurse has a Part I Maternity Certificate on the English Register she may register in New Zealand as a maternity nurse. If she has a Part II Certificate on the English Register she is then eligible to register as a midwife in this country. Those nurses who are doubly qualified will have more opportunity of obtaining positions; but all overseas nurses must be prepared to work in the smaller district hospitals where there are more openings than in the bigger city hospitals.

National Immunization Week September 29 — October 5, 1946

The fourth annual campaign seeking to secure the immunization of every citizen, young or old, against smallpox, diphtheria, whooping cough, tetanus, and scarlet fever is to be held during the above-noted dates. These drives are sponsored by the Health League of Canada in co-operation with provincial and municipal health authorities. The purpose in setting a special week is to draw the particular attention of the public to this phase of the community health program and to intensify the year-round efforts of the health departments.

Nurses everywhere are urged to give their whole-hearted and enthusiastic support to this campaign. We do not need to be reminded of the value of immunization but many of us do little of a positive nature to urge parents to see that their children are protected.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Constipation
Acute or habitual constipation yields readily to Agarol. It is a mineral oil and agar-gel emulsion with phenolphthalein that mixes thoroughly with the intestinal contents, supplies unabsorbable moisture, lubricates the tract and insures normal bowel action.
Agarol contains no excess of mineral oil to cause leakage. There is no "peristaltic rush", but sufficient mild, adequate stimulation to produce painless, effortless and *timed* evacuation. The pleasant taste of Agarol makes it easy to administer to the most fastidious grownup or child.
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Double protection
WITH
ODO-RO-DO
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PROTECTS YOUR CLOTHING:
No unsightly perspiration stains.
PROTECTS YOU:
No disagreeable body odours.
AND LASTS TWICE AS LONG!

1. Wash underarms and dry well. If necessary, shave after application, not before.

2. Apply Odo-Ro-No freely with patented non-drip applicator. Let dry thoroughly.

3. Rinse the underarms well with clear water or wipe off with a damp cloth.

4. If these directions are followed, you and your garments will be doubly protected.

DEVELOPED BY A MEDICAL MAN FOR THE PROFESSION

This preparation was developed by a medical man to stop perspiration on his hands while performing surgical operations.

The FASTIDIOUS prefer
ODO-RO-DO
Liquid

2 TYPES

Regular: 3 to 5 days' protection

Instant: Faster drying than "Regular"—1 to 3 days' protection.

3 SIZES: 39c. 15c., 65c.

A great many people, including large numbers of nurses, have never seen a case of smallpox. Perhaps that is why we forget that it is a killing disease. We forget how disfiguring it can be. We forget that it was once the most dreaded of all diseases, wiping out a tenth of the population at a time. Smallpox is still here—there were five cases reported in Canada last year, the first in many years. This indicates that vaccination is still a necessity. Since there is no natural immunity against smallpox, every child should be vaccinated before he is twelve months of age.

Diphtheria used to be dreaded almost as much as smallpox. It used to wipe out whole families, even communities. Sometimes mild cases spread a feeling of false security but we cannot ignore the fact that 2,786 cases occurred in 1945. The Ontario Department of Health reported an increase in diphtheria incidence in that province for the first six months of this year. Toxoid will protect children against the disease. Since it is much more apt to attack youngsters, it is important that every infant should be immunized between six and nine months of age.

Of all communicable diseases, the most tragic results today follow when infants or preschool children take whooping cough. Last year, there were 12,192 cases with 325 deaths. Whooping cough vaccine provides protection in over 80 per cent of children and if the disease is contracted, it is much milder. The vaccine should be given between the ages of six months and one year. A preparation is now available which combines whooping cough vaccine and diphtheria toxoid. This means fewer visits to the doctor and is a satisfactory means of ensuring immunization.

Some people express doubts as to the value of scarlet fever immunization. While the results are not as dramatic as in diphtheria or smallpox prevention, scarlet fever toxin will protect in 80 per cent of the cases where it is given. And we need even this much protection when we find that in 1945 there were 11,982 cases of scarlet fever and 20,945 in 1944. This toxin has to be given in five graduated doses, preferably between the ages of one and two years. Since so many doses are required and since there are frequent lapses in the attendance at clinics, health departments do not plan campaigns on as active a scale.

These diseases are preventable and there is no reason why they should be permitted to take their annual toll. Urge your friends,

your patients, everyone with whom you come in contact to take advantage, on their children's behalf, of the protection immunization offers.

Compulsory Pasteurization

Since compulsory pasteurization was introduced in Toronto in 1915, the Toronto Hospital for Sick Children reports that not one case of bovine T.B. from Toronto has been recorded on the hospital's admitting records. The hospital reports further that not one case from elsewhere in Ontario has been admitted during the last three years. Ontario has had a compulsory pasteurization law, which is 98 per cent effective, since 1938. It is the only Canadian province with such legislation on its statutes.

News Notes

BRITISH COLUMBIA

KAMLOOPS:

The Kamloops-Tranquille Chapter, R.N.-A.B.C., recently held a dance at Tranquille for the purpose of raising funds to furnish a room in the new wing of the Royal Inland Hospital. Over two hundred dollars was raised, including donations from public well-wishers. The chapter recently held a banquet in honour of the 1946 graduating class of the R.I.H. A musical program followed the dinner and a happy evening was enjoyed by all present.

The chapter members have sent many parcels of food and useful articles to nurses in Holland. Letters of thanks have been received and Jeanne Wierts, a public health nurse in Amsterdam, told of the many who share in these parcels from Canada.

The members are at present working hard towards the establishment of a bursary fund. The bursaries, of $250 each, are to be awarded for post-graduate study in any part of Canada. Nurses who qualify are those members of the chapter or graduates of the Royal Inland Hospital who have received their diplomas within the past five years. Raffles, a sale of homecooking, and two generous donations from the local chapter of the Canadian Daughters have swelled the fund to over $500.

VICTORIA:

Royal Jubilee Hospital:

Present and past members of the Royal Jubilee Hospital Alumnae Association were

Priority FOR Baby

At present, there is a shortage of Baby's Own Soap. Therefore, we are asking all those, who use or recommend it, to save Baby's Own Soap for Baby. 75 years of scientific research and close adherence to the recommendations of dermatologists and general practitioners have combined to make Baby's Own Soap the purest and gentlest available for any baby's tender skin. The same strict laboratory control, meticulous care in the choice of ingredients, and careful manufacture of Baby's Own Oil and Baby's Own Powder is your assurance that these also can be recommended with complete confidence.

Baby's Own Toiletries

SOAP — OIL — POWDER

FOR THE CARE OF THE BABY

McGill University
School for Graduate Nurses

COURSES OFFERED

—Degree Courses—

Two-year courses leading to the degree, Bachelor of Nursing. Opportunity is provided for specialization in field of choice.

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Teaching and Supervision in Schools of Nursing.
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Public Health Nursing.
Administration and Supervision in Public Health Nursing.

For information apply to:
School for Graduate Nurses
McGILL UNIVERSITY, MONTREAL 2

THE MOUNTAIN SANATORIUM HAMILTON, ONTARIO

THREE-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS is offered to Registered Nurses. This course is especially valuable to those contemplating public health, industrial, or tuberculosis nursing.

The course has been approved by the Registered Nurses Association of Ontario, the Director of the Department of Tuberculosis Prevention, and The Deputy Minister, D.V.A. **Salary:** 1st month—$80; 2nd month—$90; 3rd month—$100—plus full maintenance.

For further information apply to:
Miss Ellen Ewart,
Supt. of Nurses,
Mountain Sanatorium,
Hamilton, Ontario

proud to learn that nine of their graduates were honoured for services rendered during the war. They are: Matron O. Wilson (R.R.C., Navy); Major Edna E. Rossiter, Capt. Mary P. Leith (R.R.C., Army); Lieut. E. I. Smallwood (A.R.R.C., Army); Lieuts. P. G. Beamish, M. J. Coutts, F. L. Ferguson, D. J. MacKay, Jane G. MacKay (mentioned in Despatches).

A highly successful fashion show, featuring bathing suits and beach wear, was jointly sponsored by the alumnae associations of St. Joseph's Hospital and the R.J.H. in April. The affair was made possible through the generosity of the Hudson's Bay Company of Victoria, which met all expenses and donated the proceeds to the two alumnaes.

A tea was recently held in Vancouver to interest graduates of the R.J.H. in forming an auxiliary group in that city. Several members rejoined and twenty-two graduates became new members. Rae Kirkendale, president of the R.J.H. alumnae, was in attendance.

The annual "Flannel Dance", held at the Yacht Club and convened by Marion McLeod realized the sum of $192 and was voted a great success.

At the annual reunion dinner, held by the graduates, an amusing skit, written by Mrs. Elizabeth MacKinnon and enacted by alumnae members, was much enjoyed by the guests.

At the recent quarterly meeting of the alumnae, it was announced that the winner of the prize of $10 for the best case history by a student nurse was Yrsa Fredin. It was also reported that $50 was donated to the Cancer Fund and $25 sent to the British Nurses Relief Fund.

ONTARIO

EDITOR'S NOTE: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Gena Bamforth, 54 The Oaks, Bain Ave., Toronto 6.

DISTRICT 1

STRATHROY:

More than 125 members of District 1, R.N.A.O., met recently as guests of the town of Strathroy. Isabel Stewart, chairman of the district and superintendent of nurses at the St. Thomas Memorial Hospital, presided. Letters were read by M. Jones which had been received from Dutch nurses who had been recipients of food parcels sent by the association.

The feature speaker was Florence Walker, associate secretary, R.N.A.O., whose address dealt with the work of the association and the projects in which it was interested. Discussions on nursing were directed by R. Beamish, superintendent, Sarnia General Hospital; Hilda Stuart, superintendent of nurses, Victoria Hospital, London; Rhea Rouaft, registrar of nurses at London. The discussions dealt with the answers to ques-

tionnaires which had been sent in before the meeting by the association members.

A buffet supper was later served by ladies of the Hospital Aid.

LONDON:

Victoria Hospital:

The staff of the hospital recently held a dinner in honor of Christine Gillies, who has been supervisor of the eye, ear, nose and throat department for twenty-five years. As a token of appreciation of Miss Gillies' co-operation and friendship a gift was presented to her from the staff.

Margaret Stevenson, president of the alumnae association, was a guest at the dinner and presented Miss Gillies with a life membership in the alumnae. Miss Gillies is a valued member and her many friends join the staff in extending congratulations to her at this time.

DISTRICT 4

ST. CATHARINES:

The annual meeting of the Niagara Peninsula Chapter, District 4, R.N.A.O., was held recently at the Leonard Nurses Home, with the chairman, Stella Murray, presiding. Routine business was conducted, followed by election of officers. Food parcels are being sent weekly for the relief of Dutch nurses, as well as to British nurses and to those who are hospitalized in Switzerland.

Irene Weirs, of the Health Unit, Welland, and former chairman of District 5, was guest speaker. Her subject was "Nursing—a Talk about Ourselves to Ourselves", and in the course of her talk she stated that there is still a need for pioneers in nursing who will fight for the highest ideals in the profession.

Catharine O'Farrell, Niagara Falls, was elected chairman, with Bernice Lousley, Merritton, as vice-chairman, and Eleanor Smith, Niagara Falls, as secretary-treasurer.

DISTRICT 6

PETERBOROUGH:

At a recent meeting of Chapter C, District 6, R.N.A.O., with Miss Ross presiding, there were thirty-eight members in attendance. Letters were read from C. Harmen, of Holland, and from F. Goodall, general secretary of the Royal College of Nursing. Miss Lawless delivered the Hospital and School of Nursing Section report. Miss Hurtiebese, reporting for the Public Health Section, revealed that two nurses attended the refresher course in orthopedics given at the University of Toronto, and two students are doing field work with the Department of Health. Two hundred and fifty persons were examined by the travelling chest clinic.

The program consisted of pictures of England, Holland, and Germany shown by Dr. Magee.

QUEBEC

Montreal General Hospital:

Dr. Cyril F. James, principal of McGill University, was the guest speaker at the

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

NURSING SONGS OF CANADA

A group of six songs, depicting the romance and service of nursing in Canada since the days of Jeanne Mance.

Words by

JOHN MURRAY GIBBON

Musical arrangements by

HAROLD EUSTACE KEY

These songs were sung by William Morton at the recent Canadian Nurses Association Convention held at the Royal York Hotel, Toronto. You will also enjoy singing them.

Included in the book is W. L. Mackenzie King's tribute to Canadian nurses and also a brief story of the Canadian Nurses Association.

Copies 35c postpaid from

THE CANADIAN NURSE

522 Medical Arts Bldg.
Montreal 25 P.Q.

OBSTETRIC MANAGEMENT AND NURSING

By Henry L. Woodward and Bernice Gardner. This excellent and practical textbook has proved its value to both student and instructor. It has unit organization and teaching aids in the form of chapter outlines, chapter summaries, glossaries, questions. 752 pages, 444 illustrations, eleventh printing, 1944. $4.00.

ESSENTIALS OF OBSTETRICS

By Henry L. Woodward and Bernice Gardner. An important textbook, written by outstanding authorities with many years of experience in teaching medical and nursing students. It has unit organization, chapter outlines, chapter summaries, glossaries, questions. 733 pages, 369 illustrations, 1943. $4.00.

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in step with smartness!

It's easy with Nugget White Dressing. Made to keep white shoes a neat, spotless, allover, even white.

Nugget also comes in Black, and all shades of Brown.

NUGGET
WHITE DRESSING

The Cake in the Non-Rust Tin

alumnae banquet given in honour of the graduating class at which approximately two hundred guests were present.

Recent visitors to the hospital were Flora Moroney, of the Halifax City Health Department, and J. Jamieson, supervisor of the operating-room at the Vancouver General Hospital.

Clara Jackson was recently appointed to the position of travelling instructor with the Saskatchewan Registered Nurses' Association and director of nurse placement service. Thirza McCullough recently resigned from the night staff to be married.

SASKATCHEWAN

Delegates from Saskatchewan who attended the recent C.N.A. convention, held recently in Toronto, included the Rev. Sisters Mandin and Ste. Croix, M. R. Chisholm, S. Hagen, Muriel Thompson, Grace Motta, Marvalon Robinson, Glycera Zbitnoff, K. W. Ellis, Mmes Mary Berscheid and Jessie Porteous. Sisters Mandin and Ste. Croix also attended the Catholic Hospital Association convention which was held in Milwaukee, Wis., as well as the summer school of Catholic Action in Montreal.

Grace Giles has resigned as director of the nurse placement service and travelling instructor, S.R.N.A., and Clara Jackson has accepted an appointment to these positions.

SASKATOON:

City Hospital:

Moyra Allan is now science instructor at the S.C.H. The following nurses have resigned from the staff: Marjorie Scott, Margaret Milne, Muriel Mason, and June Stuart.

St. Paul's Hospital:

At a recent meeting of St. Paul's School of Nursing Alumnae Association, Mrs. G. McPherson, beauty school instructress, gave an interesting talk on the latest hair styles for women.

Approximately one hundred guests attended a tea, sponsored by the alumnae, when Sister Superior, honorary president, and M. Robinson, president of the alumnae, received the guests. I. Mandin, M. Bohl, Mmes J. T. MacKay, P. McKague, R. Anderson, C. Allen, J. Robertson, and P. Williams assisted with the arrangements. The student nurses also helped with the serving. A cooking and sewing booth was well patronized by the guests and J. Guenther won the door prize.

Dr. R. Del. Johnson has resigned his position in the x-ray department after eleven years' service and has been replaced by Dr. E. W. Spencer. Florence McDonald has taken the place of Mary Bohl, former science instructor. Mrs. Ethel (Wentz) Glass, of Kearney, Nebraska, recently visited the school.

YORKTON:

E. James has been appointed arts instructor at the General Hospital.

WANTED—INSTRUCTORS FOR SCHOOL OF NURSING

- **INSTRUCTOR IN NURSING ARTS**
- **INSTRUCTOR IN SCIENCE**

The Department of Health and Public Welfare of the Province of Manitoba requires two Registered Nurses to instruct in the above General Nursing subjects at Brandon Mental Hospital. The Brandon hospital is affiliated with the Winnipeg General Hospital, and class under instruction, all with Junior Matriculation standing, are taking combined course in Mental and General Nursing.

Starting remuneration $175 per month, PLUS FULL MAINTENANCE—board, laundry, uniforms, and an attractive room in the Nurses' Home. Full Civil Service benefits—holidays with pay, sick leave with pay and pension privileges.

For full particulars, apply at once to:

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223 Legislative Bldg., Winnipeg

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It's Different and Thorough

A SIMPLE TEST—Rinse mouth and throat thoroughly with Lavoris diluted half with water, and expel into basin of clear water. Note the amount of stringy matter expelled.

THE HALIFAX INFIRMARY, HALIFAX, NOVA SCOTIA

has two vacancies for **Assistant Dietitians** who have had post-graduate internship in hospitals approved by the Canadian Dietetic Association.

Apply to:

SISTER IRENE MARIE, CHIEF DIETITIAN, HALIFAX INFIRMARY, HALIFAX, N.S.

Positions Vacant

Staff Dietitians. Excellent opportunities in both administrative and therapeutic fields. Details sent on request. Apply to Director of Dietetics, University Hospital, Edmonton, Alta.

Science Instructor: Salary, $1,620 to $1,800 plus $300 bonus and C/L bonus. **Nursing Arts Instructor:** Salary, $1,320 to $1,500 plus $300 bonus and C/L bonus. **Night Supervisor:** Salary, $1,380 to $1,560 plus $300 bonus and C/L bonus. **General Ward Duty Nurses:** Salary, $900 plus $300 bonus and C/L bonus. Full maintenance charged at $25 per month. Uniforms and laundering supplied without charge. 3 weeks' vacation with pay after 12 months if continuing in service. 7 days sick leave with pay during 1st year; 2 weeks during 2nd year. Apply to Supt. of Nurses, Mental Hospital, Brandon, Man.

Registered Nurse for Huntingdon County Hospital. Board and room provided. For further particulars as to salary and vacation, etc., apply to Dr. H. R. Clouston, Huntingdon, P.Q.

Public Health Nurse immediately for rural work for the Elgin-St. Thomas Health Unit. Salary: From $1,500 a year according to experience; car allowance, $550 a year. Assistance in car purchase can be arranged if required. Apply to Supervisor of Nurses, City Hall, St. Thomas, Ont.

Assistant Night Supervisor for 78-bed General Hospital. Must have good working knowledge of Obstetrics. Apply, stating experience and salary desired, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Hamilton General Hospital, Maternity Division, requires affiliations from Schools of Nursing for Obstetrical training. 14 weeks' course. Organized Teaching Program for Student Nurses. 12 doctors' lectures; 34 classes and clinics. Apply to Miss Constance E. Brewster, Supt. of Nurses, General Hospital, Hamilton, Ont.

Clinical Instructors in both Surgery and Obstetrics for Montreal hospital. Also **Head Nurses** in obstetrical, medical, surgical, and gynecological depts. Maintenance includes meals and laundry. Apply, stating qualifications and salary expected, in care of Box 11, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.

Graduate Nurses for Royal Columbian Hospital, New Westminster, B.C. State school, date of graduation, details of experience, and references. Minimum gross salary: $125, with yearly increases, with higher scales for positions of head nurses, etc. Full particulars of benefits and terms of employment available on application to Miss Elizabeth Clark, Supt. of Nurses.

Floor Duty Nurses. 6-day week. Hospitalization Plan. Salary: $100 per month with full maintenance. Apply to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

General Staff and **Operating-Room Nurses** at a salary of $100 per month plus full maintenance. 3 weeks' vacation with pay and $50 bonus at completion of each year of service. Pension Plan. One day sick leave with pay per month accumulative. Bus service to city streetcar line. Apply to Supt. of Nurses, Toronto Hospital for Tuberculosis, Weston, Ont.

General Duty Nurses for Miller Bay Hospital, situated on highway near Prince Rupert. 150-bed hospital operated by Dept. of National Health & Welfare. Salary: $118 per month, plus laundry, room, and board. Preference given to nurses having Sanatorium experience. Apply to Dr. J. D. Galbraith, P. O. Box 1248, Prince Rupert, B. C.

Registered Nurses for General Duty at Vancouver General Hospital, British Columbia. State in first letter date of graduation, experience, reference, etc., and when services would be available. 8-hour day and 6-day week. Gross salary: $125 per month living out, with annual increases up to 7 years, plus laundry. 1½ days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. 1 month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nurses.

Matron for 20-bed hospital at Vita, Manitoba, operated by United Church of Canada. Resident medical supt. and assistant; graduate nursing staff. Apply to Rev. J. A. Cormie, 441 Somerset Bldg., Winnipeg, Man.

Second Assistant Superintendent of Nurses. Chief duty, supervision of ex-servicemen's pavilions with some responsibility in main building and School of Nursing. **Clinical Supervisor,** Surgical, to teach surgical nursing in classroom and supervise clinical experience of student nurses on surgical floors. Salaries according to experience. For 650-bed hospital with close University connections. Apply, stating qualifications, experience, etc., to Supt. of Nurses, University of Alberta Hospital, Edmonton, Alta.

Instructor of Nurses for City of Sydney Hospital, Nova Scotia. Apply, stating qualifications, experience, and salary expected, to Supt.

Assistant Classroom Instructress for 118-bed hospital (with immediate prospects of construction of 150-bed modern hospital). Apply, stating qualifications, experience, and salary expected, to Supt., Sherbrooke Hospital, Sherbrooke, P.Q.

Laboratory and X-Ray Technician. Apply, stating qualifications and salary expected, to Supt., Municipal Hospital, Innisfail, Alta.

Graduate Nurses for General Duty nursing for St. Lawrence Sanatorium, Cornwall, Ontario. Maximum salary: $110 and maintenance, according to qualifications and experience. 48-hour week. 3 weeks' holiday with pay after 1 year's service. Applications should give full particulars as to qualifications, experience, etc. Personal interviews if possible. Apply to Supt.

Instructress of Nurses. Salary: $140 per month and full maintenance. **Night Supervisor.** Salary: $130 and full maintenance. **Floor Duty Nurses.** Salary: $100 and full maintenance. Apply to Supt., General Hospital, Kenora, Ont.

Dietitian, preferably with some experience. Salary: $150 per month plus maintenance. Apply in care of Box 21, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.

Public Health Nurses with agency specializing in Tuberculosis. Health education and case finding program. Home visiting and clinic duties. No bedside nursing. Experience in tuberculosis preferred but not essential. Nurses without Public Health training desiring experience in this field accepted on temporary basis. Apply to Royal Edward Laurentian Hospital, Dept. of Public Health Nursing, 3674 St. Urbain St., Montreal 18, P.Q.

Don't Send Cosmetics!

A letter received from Miss Yvonne Hentsch, chief of the Nursing Division of the League of Red Cross Societies, contains the following very interesting information and urgent message for the nurses of Canada. This excerpt is taken from her letter:

"With reference to my letter of April 1, I have much pleasure in notifying you that a few days ago three lovely parcels of used clothing for needy nurses were delivered at my office. They were sent by Miss H. MacDonald, of Truro, Nova Scotia, and I have forwarded them to the Dutch sanatorium at Davos, Grisons, Switzerland, for distribution among the Dutch nurses who are being treated there. No doubt due acknowledgement of these parcels will be sent to Miss MacDonald by the beneficiaries, but I did want to thank you for having passed on my request to Canadian nurses. I have further been notified that one of the nurses in Davos recently received a parcel addressed directly to her by a Canadian nurse. She wrote enthusiastically about the pleasure this parcel had given her.

"In addition to the parcel which I referred to above, I have heard that Miss Monika Wuest, president of the Swiss Nurses' Association, 104 Freie Strasse, Zurich 7, has recently received several parcels from nurses in Canada containing among other things, cosmetics. These, unfortunately, are heavily taxed by the customs upon entering into Switzerland, and are costing the Swiss Nurses' Association rather more than it can afford. I should be very grateful if you would look into this matter and feel sure you will understand my bringing it to your attention."

It will be very much appreciated if the Canadian nurses who are sending food and other parcels to the sick nurses in Switzerland would heed the warning issued by Miss Hentsch and would kindly refrain from including cosmetics in parcels to Switzerland.

Do not spend your days waiting for an angel to deliver realized hopes at your door. Go out and toil for them. There are few forms of hard work more wearying than waiting.

Official Directory

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1411 Crescent St., Montreal 25, P.Q.

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Provincial Associations of Registered Nurses

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ALBERTA

A.A., Calgary General Hospital

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A.A., Holy Cross Hospital, Calgary

Pres., Mrs. Cyril Holloway; First Vice-Pres., Mrs. D. Overand; Sec. Vice-Pres., Miss L. Aiken; Rec. Sec., Mrs. B. McAdam; Corr. Sec., Mrs. J. E. Hood. 1311-15th St., West; Treas., Mrs. L. Dalgleish.

A.A., Edmonton General Hospital

Hon. Pres., Rev. Sr. O'Grady, Rev. Sr. Keegan; Pres., Mrs. R. Price; Vice-Pres., Mmes J. Loney, W. McCready; Rec. Sec., Mrs. E. Barnes; Corr. Sec., Miss L. Singer, 9623-110th Ave.; Treas., Mrs. G. F. Cunnings; *Standing Committee*, Mmes Southgate, Hope, Kerr, Miss Hochhausen.

A.A., Misericordia Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

Hon. Pres., Mrs. M. A. Young; Pres., Mrs. A. Southworth; Vice-Pres., Mmes S. Warshawsky, C. Craig; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Social Conveners*, Miss J. Graham (*Edmonton*), Mrs. H. MacPherson (Lamont); *News Editor*, Mrs. Barry Cooper, Lamont.

A.A., Vegreville General Hospital

Hon. Pres., Rev. Sr. Anna Keohane; Hon. Vice-Pres., Rev. Sr. J. Boisseau; Pres., Mrs. W. Zeir; Vice-Pres., Mrs. D. Triska; Sec.-Treas., Mrs. T. Umphrey, Box 253; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital

Hon. Pres., Miss E. Palliser; Pres., Miss E. McCann; Vice-Pres., Misses J. Hoy, C. Clibborn; Sec., Miss M. Munro; Corr. Sec., Miss D. May, 646 W. 10th Ave.; Treas., Mrs. M. Faulkner; *Committee Conveners: Membership*, Mrs. L. Findlay; *Program*, Miss K. Heaney; *Publicity*, Mrs. A. Grundy; *Refreshments*, Miss D. Jamieson; *Visiting*, Mrs. F. Brodie; *Social*, Mrs. L. McCulloch.

A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Kathleen; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. N. Robinson; First Vice-Pres., Miss J. Johnson; Sec. Vice-Pres., Miss S. Becker; Rec. Sec., Miss L. Perron; Corr. Sec., Miss A. Abery, St.J.H.; Treas., Miss J. Dengler; *Councillors*, Mmes Sinclair, Welsh, Evans, Ridewood.

MANITOBA

A.A., St. Boniface Hospital

Hon. Pres., Rev. Sr. Clermont; Pres., Miss L. Thompson; Vice-Pres., Misses M. Wilson, M. McKenzie; Rec. Sec., Miss M. Lougheed; Corr. Sec., Miss B. McPherson, St.B.H.; Treas., Mrs. B. Smith; *Archivist*, Mrs. T. Hulme; *Committee Conveners: Visiting*, Miss D. Hurle; *Social*, Mrs. M. Gendall; *Membership*, Miss B. Sotkowsky; *Reps.* to: *M.A.R.N.*, Miss N. Craig; *Nurses' Directory*, Miss E. Gagnon; *Local Council of Women*, Miss S. Wright; *The Canadian Nurse*, Mrs. H. Lemoine.

A.A., Children's Hospital, Winnipeg

Hon. Pres., Mrs. G. S. Williams; Past Pres., Mrs. J. Kirby; Pres., Mrs. C. D. Gordon Barber; Vice-Pres., Mrs. Wright; Rec. Sec., Miss M. Jupp; Corr. Sec., Miss D. Roe, C.H.; Treas., Mrs. Noble; *Committee Conveners: Program*, Miss E. Fyffe; *Refreshment*, Miss H. Armstrong; *Membership*, Miss P. McConnell; *Visiting*, Miss Armstrong.

A.A., Misericordia General Hospital, Winnipeg

Hon. Pres., Rev. Sr. St. Bertha; Pres., Mrs. T. P. Hessian; Vice-Pres., Miss D. Ambrose; Sec., Miss J. Chisholm, 124 Chestnut St.; Treas., Mrs. J. A. Cutts; *Committee Conveners: Social*, Miss M. Ronnan; *Red Cross*, Mrs. V. McKenty; *Private Duty Section*, Misses S. Boyne, D. Sothern; *Rep.* to: *The Canadian Nurse*, Mrs. A. Thierry.

A.A., Winnipeg General Hospital

Hon. Pres., Mrs. A. W. Moody; Pres., Miss L. Gunn; Vice-Pres., Misses F. Waugh, R. Monck, J. Morgan; Rec. Sec., Miss H. Reid; Corr. Sec., Miss S. Ross, Ste. 10 Balmoral Crt.; Treas., Miss A. Smith, 806 Sherburn St.; *Committee Conveners: Program*, Mrs. F. Wilson; *Membership*, Miss V. Walker; *Visiting*, Miss A. Aikman; *Journal*, Miss J. Simmie; *Archivist*, Miss L. Higginbottom; *Sandford Scholarship Fund*, Miss I. Cooper; *Reps.* to: *School of Nursing*, Miss F. Waugh; *Doctors' & Nurses' Directory*, Miss E. English; *Local Council of Women*, Mmes P. Randall, Thomas; *Council of Social Agencies*, Mrs. A. Speirs; *Red Cross*, Miss G. Hayden; *The Canadian Nurse*, Miss B. Hunt.

NEW BRUNSWICK

A.A., Saint John General Hospital

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A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Halifax Infirmary

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A A., Victoria General Hospital, Halifax

Pres., Mrs. V. Gormley, 446 Chebucto Rd.; Vice-Pres., Mrs. D. Luscombe; Sec., Miss Doris Brown, V.G.H.; Treas., Mrs. W. M. Hunt, 74 Jubilee Rd.; *Directors*, Mrs. S. Thompson, Misses E. Atkinson, D. Gill; *Social Committee*, Miss M. Ripley, Mrs. H. S. T. Williams; *Rep.* to: *The Canadian Nurse*, Miss D. Gill.

A.A., Aberdeen Hospital, New Glasgow

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ONTARIO

A.A., Belleville General Hospital

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A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss O. Plumstead; Vice-Pres., Mrs. J. MacKay; Sec., Miss M. Patterson, B.G.H.; Treas., Miss H. Scott; *Committees: Gift*, Misses J. Landreth, V. Buckwell; *Flower*, Misses L. Burtch, A. Scott; *Social*, Mmes G. Brittain, D. Green; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *The Canadian Nurse & Press*, Miss I. Feely.

A.A., Brockville General Hospital

Hon. Pres., Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Markley; Sec., Mrs. H. Bishop, 89 King St. W.; Corr. Sec., Miss M. Arnold, William St.; Treas., Mrs. H. Vandusen; *Committees: Gift*, Miss V. Kendrick; *Social*, Mrs. H. Green; *Prop-*

erly, Mrs. M. Derry, Misses J. McLaughlin, M. Gardiner; *Annual Fees*, Miss V. Preston; *Rep.* to *The Canadian Nurse*, Miss H. Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Mrs. H. Goldrick; Vice-Pres., Mrs. D. Nicholls, Miss E. Phillips; Rec. Sec., Miss E. Miller; Corr. Sec., Miss M. Gilbert, 220 St. Clair St.; Assist. Corr. Sec., Mrs. L. Judd; Treas., Miss D. Thomas; *Committees: Shopping*, Misses A. Head, E. Liberty, Mrs. G. Brisby; *Social & Refreshment*, Mmes J. C. MacWilliam, R. Bradley, Misses A. Hastings, M. Campbell; *Councillors*, Misses L. Baird, V. Dyer, M. McNaughton, A. Head; *Reps.* to: *Press*, Miss J. Murray; *The Canadian Nurse*, Mrs. M. Sheldon.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Sr. M. Fabian; Hon. Vice-Pres., Sr. M. Valeria; Pres., Miss J. Coburn; Vice-Pres., Mmes B. Caron, L. Smyth; Sec.-Treas., Miss D. Carley; Corr. Sec., Miss A. Kenny, Aberdeen Hotel; *Councillors*, Misses H. Gray, L. Pettypiece, Mmes E. Roberts, E. Peco; *Committees: Lunch*, Miss M. Newcomb, Mmes H. Kennedy, M. O'Rourke; *Buying*, Mmes E. Roberts, E. Peco; *Program*, Misses M. Boyle, K. Kaufmann, Mmes C. I. Salmon, F. Doyle; *Reps.* to: *Press*, Miss K. Kaufmann; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Pres., Miss H. C. Wilson; Pres., Miss C. Smirl; Vice-Pres., Mmes A. Snow, E. Wagoner; Sec.-Treas., Miss V. McMurray, 120 Adolphus St.; *Committee Conveners: Program & Social Finance*, Misses A. McNaughton, K. Brownell; *Flower*, Miss E. McIntyre; *Membership*, Miss Brownell; *Rep.* to: *The Canadian Nurse*, Mrs. G. Whitney.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. St. George; Pres., Miss D. Ryan; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss H. Cleary; Corr. Secs., Miss A. Huot, St. Lawrence Sanatorium; Mrs. R. Ezard; *Committee Conveners: Music & Social*, Miss E. Young; *Gift*, Miss I. McDonell; *Publicity*, Miss U. Leblanc.

A.A., Galt Hospital

Hon. Pres., Miss Z. M. Hamilton; Pres., Miss H. Blagden; Sec., Miss Hilda Teather, Galt Hospital; Treas., Mrs. Vanstone; *Committee Conveners: Press*, Mrs. W. Bell; *Flower & Gift*, Mrs. J. Kersh; *Social*, Miss A. Park, Mrs. L. Maddock.

A.A., Guelph General Hospital

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A.A., St. Joseph's Hospital, Guelph

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A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss Ella Baird; Vice-Pres., Misses H. Fasken, E. Ferguson; Rec. Sec., Miss C. Leleu; Assist. Sec., Miss J. Tufford; Corr. Sec., Miss D. Pearce, H.G.H.; Treas., Miss N. Coles, 499 Main St. E.; Assist. Treas., Mrs. A. Smith; Sec.-Treas., Mutual Benefit Ass'n, Miss J. Harrison; *Committees: Executive*, Mrs. A. Massie (*conv*), Misses E. Bingeman, C. Inrig, G. Hall; *Program*, Misses M. Morgan (*conv*), M. Peart, I. Mayall, Mrs. McIntosh; *Flower & Visiting*, Mrs. Duncan (*conv*), Misses M. Payne, H. Currie; *Budget*, Misses G. Coulthart (*conv*), Coles, Mrs. M. Smith; *Membership*, Misses E. Gayfer (*conv*), Lang; *Publication*, Miss M. Irving; *Reps.* to: *R.N.A.O.*, Miss C. Inrig; *Local Council of Women*, Miss Coles; *Women's Auxiliary*, Mrs. Stephen.

A.A., Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Hon. Vice-Pres., Miss E. P. Dodd; Pres., Mrs. M. Sutherland; Vice-Pres., Mrs. G. Wallace; Sec., Mrs. I. Nichols, Apt. 7, 23 St. Matthews Ave.; Treas., Miss M. Shalla; *Committee Conveners: Social*, Mrs. A. Smith, Misses M. Smith, M. MacDonald; *Visiting*, Miss E. Lee; *Rep.* to: *Press*, Miss D. Parker.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Rev. Sr. M. St. Edward; Hon. Vice-Pres., Rev. Sr. M. Ursula; Pres., Miss L. Johnson; Vice-Pres., Miss F. O'Brien; Sec., Miss M. Minnes, 130 Hunter St. W.; Treas., Miss L. Leatherdale; *Executive*, Mrs. Muir, Misses V. Jennings, M. Pullano, N. Hinks, E. Quinn; *Reps.* to: *R.N.A.O.*, Miss K. Overholt; *Press & The Canadian Nurse*, Miss M. Haley.

A.A., Kingston General Hospital

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A.A., St. Mary's Hospital, Kitchener

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A A., Ross Memorial Hospital, Lindsay

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A.A., Ontario Hospital, London

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A.A., St. Joseph's Hospital, London

Hon. Pres., Rev. Sr. St. Elizabeth; Hon. Vice-Pres., Rev. Sr. Ruth; Pres., Miss C. Murray; Vice-Pres., Mrs. P. Chapman, Miss M. Foxworthy; Rec. Sec., Miss E. Eckert; Corr. Sec., Miss M. Mahoney, 194 Cromwell St.; Treas., Miss F. Albert; *Conveners: Social*, Misses E. Haggerty, M. McGrath; *Finance*, Miss F. Albert, Mrs. M. McCormick; *Reps.* to: *Press*, Miss M. Walker; *Registry*, Misses M. Baker, E. Beger; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

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A.A., Niagara Falls General Hospital

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A.A., Soldiers' Memorial Hospital, Orillia

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital

Hon. Pres., Miss G. Bennett; Pres., Miss I. Dickson; Vice-Pres., Misses P. Farmer, M. E. Keith; Rec. Sec., Miss M. Brown; Corr. Sec., Miss D. Ogilvie, 252 Metcalfe St.; Treas., Miss A. Napier; *Councillors*, Misses G. Wilson, G. Carver, M. Christie, L. Mawhinney, L. Currie, Mrs. Veitch; *Committees: Refreshment*, Mrs. True, Misses Horsey, Knox, Campbell; *Visiting & Flower*, Misses J. Milligan, G. Kennedy.

A.A., Ottawa General Hospital

Hon. Pres., Sr. Marie Alban; Pres., Sr. Madeleine de Jesus; Vice-Pres., Mmes N. Chassé, H. Racine; Sec., Miss J. Stock, 390 Chapel St.; Treas., Miss M. R. Nadon; *Councillors*, Misses V. Belier, G. Boland, H. Chamberlin, V. Foran, J. Robert, K. Ryan; *Reps.* to: *Registry*, Misses M. Landreville, M. Butler, A. Sanders; *Sick Benefit*, Miss J. Frappier; *D.C.C.A.*, Miss M. O'Hare; *Red Cross*, Mrs. A. Powers; *The Canadian Nurse*, Miss J. Stock.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. A. Stewart; Vice-Pres., Mrs. R. Brown; Sec., Miss E. Honeywell, 50-2nd Ave.; Treas., Mrs. E. Swerdfager, 49 Glen Ave.; *Committees: Flower*, Mmes E. Pritchard, J. Harper; *Insurance*, Miss I. Johnston; *Nominating*, Miss N. Lewis, Mrs. J. McFarlane; *Reps.* to: *Community Nursing Registry*, Misses D. Brown, F. Meredith; *Local Council of Women*, Mrs. W. Creighton, Miss N. Lewis; *Press*, Mrs. R. Gamble; *The Canadian Nurse*, Miss I. Johnston.

A.A., Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, R. Brown; Pres., Miss Marjorie Kerr; Vice-Pres., Miss Lorraine Harris; Sec.-Treas., Miss Alice Cook, 436-12th St. W.; Assist. Treas., Mrs. Gladys Dewar; *Rep.* to: *R.N.A.O.*, Miss Pearl Sewell.

A.A., Peterborough Civic Hospital

Hon. Pres., Miss E. G. Young; Pres., Mrs. I. Walker; Vice-Pres., Mmes M. Pringle, W. Conway; Sec., Miss M. Renwick; Corr. Sec., Miss D. Pidgeon, P.C.H.; Treas., Miss E. Reid; *Editors*, Mrs. J. Thornton, Miss Pidgeon; *Committees: Flower*, Miss S. Beer; *Social*, Mmes F. Revoy, R. McIntyre; *Reps.* to: *Local Council of Women*, Mrs. W. McLaren; *Hospitalisation Plan*, Mrs. R. Taylor.

A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Olive Banting; Sec., Miss Elaine Dobson-Smith, S.G.H.; Treas., Miss Elizabeth F. Russell, S.G.H.; *Rep.* to: *The Canadian Nurse*, Mrs. Mary Elrick, 141 Penrose St.

A.A., Stratford General Hospital

Pres., Miss E. Wilson; Vice-Pres., Miss E. Stewart; Sec., Mrs. J. Robertson, 64 Grant St.; Treas., Miss M. McMaster; *Committee Conveners: Social*, Miss R. Cleland; *Flower*, Miss B. Schellenberger; *Program*, Miss G. Dahms.

A.A., Mack Training School, St. Catharines

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A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss I. Stewart; Hon. Vice-Pres., Miss L. Johnson; Pres., Miss B. Pow; Vice-Pres., Mrs. E. Arleine; Sec., Miss E. Hudson, 20 Meda St.; Treas., Mrs. B. Evans, Memorial Hospital.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. Pres., Miss P. L. Morrison; Pres., Mrs. B. Darwent; Rec. Sec., Miss I. Lucas; Corr. Sec., Mrs. P. Jacques, 23 Fuller Ave., Toronto 3; Treas., Miss M. McCullough; *Social Convener*, Mrs. Smith.

A.A., Hospital for Sick Children, Toronto

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A.A., Riverdale Hospital, Toronto

Pres., Miss A. Armstrong; First Vice-Pres., Mrs. J. Bradshaw; Sec. Vice-Pres., Mrs. G. Bourne; Sec., Miss Olga Gerker, Riverdale Hospital; Treas., Mrs. T. Fairbairn, 98 du Vernet Ave.; *Conveners: Program*, Miss K. Mathieson; *Visiting*, Mmes C. Spreeman, H. Dunbar; *R.N.A.O.*, Miss M. Ferry; *Rep.* to: *The Canadian Nurse*, Miss A. Armstrong.

A.A., St. John's Hospital, Toronto

Pres., Mrs. M. Owen, 53 Turner Rd.; Vice-Pres., Miss E. Price, 97 Avenue Rd.; Miss F. Young, 227 Milverton Blvd.; Rec. Sec., Mrs. D. Nelles, 73 Springmount Ave.; Corr. Sec., Miss M. Turnbull, 83 Balloil St.; Treas., Mrs. P. E. Thring, 14 Glencastle St.

A.A., St. Joseph's Hospital, Toronto

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